V. S. No. 1

AD. Every item of infor-

STATE OF MARY	LAND-C	ERTIFICA	TE C	OF D	EATH
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9		0	1.3	b	
1	2)	Sugar	0	Ü	

1. PLACE OF DEATH	165.
County Washington	Registration Dist. No. 305
Village or City Sand Man - Fahrung	Marmonal Home St. Ward
Langth of rasidance in city or town where death occurred - vrs 2 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME William 34 Quant	
	H U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	MSt., Ward. January MA. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH
male White married	(Month) (Bay) (Year)
5a. If married, widowad, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Laure M. angell	Dec 27 70, 1937, to 19
6. DATE OF BIRTH (month, day, end year) July - 10 - 1868	I lest saw h ; deeth is seld
7. AGE Years Months Deys If LESS than	to have occurred on the data statad above, etm.
69 5 17 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Jacob ones
SAWYER, BDDKKEEPER, etc.	sucede by hanging
work was done, as SILK MILL, SAW MILL, BANK, etc.	J
U 10. Date decessed last worked at 11. Total time (years)	
this occupation (month and year) S-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
12. BIRTHPLACE (city or town) Kausavelle	Other Contributory Causes of Importance:
(State or country) Carroll-co, md.	
14. BIRTHPLACE (city or town)	
7 14. BIRTHPLACE (city or town)	Name of operation
(State of country) Carrier Car Via	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julia Om Koonts 16. BIRTHPLACE (bity r town) Karanala (State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (vity r town) Kaysmille 0	Accidant, suicide, or homicide? Sweeds Date of Injury Dec 27, 19 27
(State or country) Canadialle Md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAS & Laura M. augel	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Places Januaryton Md. Date Nec. 30-, 193.7.	Nature of injury
19. UNDERTAKER WHY 3 Band 450	24. Was disease or injury In any wey related to occupation of decaased?
(Addrass) Booneloso ma.	If so, spacify De la form
20. FILED Dec. 30., 1937 William Bast Registrar.	(Address) Seon Aboro Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Language dispersion of the Control o			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		2	l. ≥.
NEC.	xact		3.	SE
LI	. E			SE
MANE	lassified		5a.	If
PER	ly c	ite.	6.	DA
IS A	proper	certifica	7.	AG
HIS	pe	jo	TION	
L	may	back	UPA	1
INK	t it	on]	OCCUPATION	1
DING	so tha	TION is very important. See instructions on back of certificate.	12.	В
NFA	rms	instr	ER	1
TH U	lain te	See	MOTHER FATHER	1 1 1 1 1 I I
WI	in p	ant.	HER	1
LY,	TH	port	MOJ	1
T. T.	E DE	ery im	17.	11
E E	E OI	is ve	18.	В
WRIT	CAUS	TION	19.	U

S'	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	13236
1. PLACE OF DEAT				(2) Demo	
County Wash	ington		Committee on	Registration Dist. No.	302
Village or City	a cereto	B LIMITS OF		No. Washington County Hospi	stal 3 Ward
			O yrs mos	death occurred in a horpital or institution, give its NAME instead of str ds. How long In U.S. if of foreign birth?yrs	eet and number)
2. FULL NAME	Lucy	Ashl		If U. S. Veteran, specify WAR	
(a) Residence: No.	EC Dece		- V	St. Ward.	
(4) 11031401100. 1101		(Usual place	of abode)	If nonresident give city or to	own and State
PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	ATH
-	or RACE	5. SINGLE, MAR OR DIVORCE W1.d	RIED, WIDOWED, D (write the word) W	21. DATE OF DEATH December 13, (Month) (Day)	, 193 7 (Year)
5a. If married, widowed, or divor HUSBANO of (or) WIFE of Il	ced other As	hby		22. I HEREBY CERTIFY, That I a	ttended deceased from
			1874	1 had a wh	
6. DATE OF BIRTH (month, day 7. AGE Years	, end year) Months	Deys	If LESS than	I last saw h alive on, to have occurred on the dete stated above, at A_m,	19; death is said
63			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importan	nce
8. Trade, profession, or pakind of work done, SAWYER, BOOKKEE! 9. Industry or business In work was done, as S SAW MILL, BANK, et al. 10. Date deceased last world this occupation (mon year) 12. BIRTHPLACE (city or town) (State or country) 22. BIRTHPLACE (city or town)	which LLK MILL, tc	0001	ime (years) nt in this upationya.l	Other Contributory Causes of importance:	
13. NAME 14. BIRTHPLACE (city or to	wn)/			Name of operation D	ate of
(Stete or country)				What test confirmed diagnosis? Was th	nere an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or too (State or country)				23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide (Control Date of injury 192) Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Ha	gerstov			Specify whether injury occurred in INDUSTRY, in NOWE, or in Put	PLIC PLACE.
18. BURIAL, CREMATION, OR RI Place Hagerat		.Oate Dec.	15,19.37	Manner of injury and botto les	obrden
	W. Kra			24. Was diseese or injury in any way related to occupation of decea	sed?
20. FILEO (1 - 15-1	987. BM	ast 30	Registrar.	(Signed) AMA OA	ronne
	If more b	lanks are needed. a	address State Registrar.	24XX N. Charles Street, Baltimore, Rechesser TVS Nos : 1	in me

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3AN 5 1938	1 1 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

19. UNDERTAKER (Address

20. FILED ..

1. PLACE OF DEATH

County VV Co S

STATE OF MARYLAND—CERTIFICATE OF DEATH

210-11 Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds, If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Year) I HEREBY CERTIFY, That i attended decaased from 22. to have occurred on the date stated above 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset Other Contributory Causes of importanca What test confirmed diagnosis? ... Was there an autopsy?_____ 23. If death wes due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Occident. Date of injury Occ. 26 1937 Ceartoss Where did injury occur?. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. in public flore - rear Hagenstown Manner of injury ... Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If LESS than

or min.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	STATE OF MARYL	AND-	CERTIFICATE OF DEATH	3238	
	1. PLACE OF DEATH		(J3))		
	county Washington		Registration Dist. No.	02	
	Village or City TY C. V. C. Y. S. T. S. W. T.		No. 439 Guilford. Ave a	Ward	
	Length of residence in city or town where death occurred	II) somrs	death occurred in a hospital or institution, give its NAME instead of street and death of the de	number)	
	2. FULL NAME Waytha Jame 13		VIII CONTROL OF THE PARTY OF TH	vsus.	
	(a) Residence: No. 439 Guilford	n war	If U. S. Veteran, specify WAR	•••••	
	(Usual place of abo	de)	If nonresident give city or town and	State	
	PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (write)	WIDOWED,	21. DATE OF DEATH	7	
	temale white widow	Line Word)	(Month) (Day)	, 193(Yeer)	
	5a. If married, widowed, or divorced HUSBAND of		<u> </u>		
	(or) WIFE of Samuel.		1 HEREBY CERTIFY, Thet lattended	deceesed from	
ė.	6. DATE OF BIRTH (month, day, and year) Dec. 13-18	853	I las saw h.e. alive on Acc 51 ,1937; death l		
certificate.		f LESS than	to heve occurred on the date stated above, at 12, m.	., 000011 13 3010	
rtif		ay,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:		
	8 Trade profession or particular		Chr myreaditis	Oate of onset	
jo:	8. Trede, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.		arterio Selerosis	5	
back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc		Cler riffinites	5	
q uo		ears)			
	10. Date deceased last worked at this occupation (month end year)	50475-			
instructions	12. BIRTHPLACE (city or town) Hagerstown		Other Contributory Causes of Importance:	101	
ruci	(State or country)		Courtal personnage	12/22/	
nst	# 13. NAME Christian Spessard				
See i	14. BIRTHPLACE (city or town) Chews wille		Name of operation None Date of		
Š	(State of country)		What test confirmed diagnosis? Plus Ey Wes there an autopsy?		
nt.	15. MAIDEN NAME Mary New man				
rta	15. MAIOEN NAME Way Yeuman 16. BIRTHPLACE (city or town) Middle Dure		Accident, suicide, or homicide? Date of Injury		
odu	(State or country)) '	Where did injury occur?		
y ir	17. INFORMANMYS Raymond Huss	2 Y	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA	e) ACE.	
is very important.	(Address) Hagerstown me	λ	Manner of injury		
is	18. BURIAL, CREMATION, OR REMOVAL	.25			
Z	Placet Kag exstown, Mid Oate Jany 3	,193.5	Nature of injury		
TION	19. UNDERTAKER H. K. COSS-man		24. Wes disease or injury In any way related to occupation of deceased?	no	
	(Address) Hagerstown me	٨	If so, specify		
	20. FILEO 1-3- , 1938 Johnstillo	cess	(Signed) O. H. Surkley	M. O	
	76 11 1	Registrar.	(Address) Hagenstown I ma	7	
dese	If more blanks are needed, address	State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Cerebral hemorrhage	July 5,1927	Peritonitis FF 7 1038	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. ARGIN RESERVED FOR BINDING on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions

V. S. Mo. 1

County h	shington			Registration Dist. No.
Village or City	Lectural			No. St, St, Geath occurred in a hospital or institution, give its NAME instead of street and number)
Length of reside	ace in city or town whera	death occurred	yrs,mos	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAM	E Marth	1 Bow	man	
(a) Residence	: No. Hagi	erstawn (Usual place	#5 of abode)	St., Ward. If nonresident give city or town and State
PERSONA	L AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
kennale	1. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (193)
a. If married, widowed HUSBAND of (or) WIFE of	, or divorced			22. I HEREBY CERTIFY That I attended decoase
. DATE OF BIRTH (m	onth, day, and year)	Dec. 11	1937	I last saw har alive on for 19 1907; death
. AGE Years	Months	Days 8	If LESS than I day,hrs. ormin.	THE RESERVE CAUSE OF DEATH and related causes of importance
	on, or particular k done, as SPINNER, OOKKEEPER, etc.	~		B7 54 cles - Pressond L
work was d SAW MILL, 10. Data deceased	one, as SILK MILL, BANK, etc	11. Total t	ime (years) nt in this	
year)		/ 0031	upation	Other Contributory Causes of importance:
(State ar countr	y) 7	Md.		
13. NAME	Moyd. N.	Bowma	n.	
	city or town) Has	gerstown	#-5	Name of operation Date of
(State of Co		N4.		What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAMI		2. Shill	1779.	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Che.	MENILLEM		Accident, sulcide, or homicida?, Date of injury, I
7. INFORMANT (Address)	Though M. 1	Bouman	V SMJ	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATIO	4 1	Date 12/2	1997	Manner of injury
9. UNDERTAKER	alter 4 St	ne ,	- 6	24. Was disease or Injury in any way related to occupation of deceased:
(Addrass)	(1. Mm	uncum	04.	II 50, Specify

CEDTICIONTE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Secretary, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

AUSE OF DEATH in plain terms, so that it may be properly classified.

marton should be carefully supplied.

V. S. No. 1

See instructions on back of

TION is very important.

certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	N.T.O.
County Mashington	Registration Dist. No
Village or City A galatour	No. 28 M. Baltinene St. 3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
20 0 0 D	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME 6 harles Oscar Doy	
(a) Residence: No. 2 & M. Sattimer (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	Lac. 26 1937
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WHEE of	22. HEREBY CERTIFY That I attended deceased from
Mande Man Dogen	Vec 195, to 17 6, 193/
6. DATE OF BIRTH (month, day, and year) May 14-1981	I last saw h. Landalive on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated above, at \(\int_{\sigma} \overline{D}_{\sigma} \int_{\sigma} m. \) The PRINCIPAL CAUSE OF DEATH and related causes of Importance
36 / / Z ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	TO-COLLEGE 1 - CLEUCANA
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) A hammille	
(Stata or country)	Mary
13. NAME (hale & Sayer 14. BIRTHPLACE (city or town) A. humille	
14. BIRTHPLACE (city or town) 19 has will	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cua Scans 16. BIRTHPLACE (city or town) Burkeville	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Sun baselle	Accident, suicide, or homicida? Data of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mytty I offenburger	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Thankstown Will 18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Locust Velley Data Data 29, 1937	Nature of injury
290 0	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
12-27- 27 logget 1 3-1000	(Signed) (Signed)
20, FILED , 192 , Registrar.	(Address) Qual Out
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	D. 4 4	
	of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
9	4		
o and it	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1921 July 5,1927	1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

STATE OF MARYLAND	CERTIFICATE OF DEATH	10001
1. PLACE OF DEATH	946	
County (1) 03 107 9004	Registration Dist. No. 3	0.6
Village or City Smullsbrucg	No. St., f death occurred in a hospital or institution, give its NAME instead of street ar	Ward
	sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Walter Vallas Brenns	c.Su.	
(a) Residence: No.	St. Ward. (no was witness)
(Usual place of abode)	If nonresident give city or town a	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Dec. 29 (Month) (Day)	, 193.7
5a. If married, widowed, or divorced HUSBAND of (ex) WHE of Carrie M. Brenner	22. I HEREBY CERTIFY, That I attend Dec - 26 1937 to Dec - 2	
6. DATE OF BIRTH (month, day, and year) May 16-18-68	l last saw harmalive on Dec - 19 193	
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10 36 Pm.	
69 7 13 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	15.
8 Trada, profession, or particular kind of work dona, as SPINNER, Ren Ren		Date of onset
SAWYER, BOOKKEEPER, etc.	Coronery Occhision	12/29/3
9 Industry or business in which work was done, as SILK MILL, and Muchant. SAW MILL, BANK, etc	/	/-/
10. Date deceased last worked at 11. Total time (years)		
this occupation (month and 1937) spent in this 29 occupation 29		
12. BIRTHPLACE (city or town) Smithsling	Other Contributory Causes of importance: Twey-	12/20/3
(State or country) Maryland,		177
II 13. NAME d. 13. Brenner		
14. BIRTHPLACE (city or town) Smithsly	Nama of operation Name of operation Date of	II
(State or country)	What test confirmed diagnosis? Was there a	in autopsy? _ V.O.
15. MAIDEN NAME Chay Calheine Firey.	23. If death was due to external causes (VIOLENCE) fill in also the follow	ring:
0 16. BIRTHPLACE (city or town) multipling	Accident, suicide, or homicide? Data of injury	, 19
(State or country) Mayrand.	Where did Injury occur?(Specify city or town, county and S	Stote)
17. INFORMANT (Address) Smithsture wel.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC	PLACE.
(Address) Multistung M. C. 18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury	~~~~~~~~~
Place Smithsling am Date Jan. 1. 1938	- Nature of injury	
19 UNDERTAKER COurad Fareal Horre	24. Was disease or injury in any way related to occupation of deceased?	NO
(Address) Swithsting my,	If so, specify	
	(1) 25 5 . ()	

20. FILED ec. 31, 1937 Hes, W. Ferguson

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Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

be

AUSE OF DEATH in plain terms, so that it may

TION is very important.

ation should be carefully supplied.

See instructions on back of certificate.

1. PLACE O	F DEATH			(948)	
	Washington City Williams	ort, Mo	i.	Registration Dist. No. 3 (Ward
Length of res	idence In city or town where d	eath occurred		death occurred in a horpital or institution, give its NAME instead of street and re	
	ME Harry L			If U. S. Veteran, specify WAR	
(a) Nesidei	. 110.	(Usual place		If nonresident give city or town and	State
	NAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male Male	4. COLOR OR RACE White		RIED, WIOOWED, D (write the word) ed.	21. DATE OF DEATH Dec. 24 (Month) (Day)	, 193.7
5a. If married, widow HUSBANO of (or) WIFE of	Bertha Bri	tner		1 HEREBY CERTIFY, That I attended Dec. 10 1987, to Dec. 24	
6. DATE OF BIRTH 7. AGE Yes 71	(month, day, and year) Ma ars Months	rch 6 Days 18	1866 If LESS than I day,hrs. ormin.	to have occurred on the date steted above, et. 3m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	; death is seld
No. Date decease this occur	ession, or particular work done, as SPINNER et, BOOKKEEPER, etc. te to business in which is done, as SILK MILL, LL, BANK, etc. ed last worked at upation (month and 193	d Busin	rage Own ess Man ime (years) ntin this Life	Other Contributory Causes of Importance:	12/10/01
(State or cou	ity or town) Shephe- intry) W Va	rdstown		Mone Brown.	
13. NAME		tner		1	
13. NAME () 14. BIRTHPLACI (State of	E (city or town) Sheph r country) W . Va.	erdstow	n	Name of operation Date of Date of What test confirmed diegnosis? There an a	
16. BIRTHPLACE		erine F ley Cou		23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	, 19
	Oliver Britn			(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
Place_Wi	Villiamsport TION, OR REMOVAL PEN 1kinsburg	Date Dec 2		Manner of Injury	,
10 IINOEDTAKED	Edith V Leaf Williamsport			24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO LOCA	26,1937 Mrs	& Lee	Mi Elroy Registrar.	(Signed) Lenneury (Address) Welleguy Four M	M. D.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Boltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1133
1. PLACE OF DEATH	- TUREN	
county V Vashington	Registration Dist. No. 30 2	2
Village or City HA Q Q EX STOWN	"Mart Co Hand I 3	Ward
Length of residence in city or town where death occurredyrs,mos.		
2. FULL NAMEM A. Violet Mubel Car	baugh If U. S. Veteran, specify WAR	
(a) Residence: No. 10 2 Eliza bath	St. 2 Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Ye	er)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Omar.	22. I HEREBY CERTIFY That I attended decessed	3 7
5. DATE OF BIRTH (month, day, and year)	Mast saw h. er elive on sloe 14 4 ,1937; death	is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 8	
\8\5\29\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or perticular	O Total	fonset
kind of work done, as SPINNER, Housewife	Depheenna - De	1012
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	fost fastum	
40. Date deceased last worked at this occupation (month and year) - 11. Total time (yeers) spent in this occupation 12. Total time (yeers)		
12. BIRTHPLACE (city or town) Hagers to wn	Other Contributory Causes of Importance:	· · · · · · /
13. NAME POUL VOUSE.	Panchoffulumonia	= 2 m
14. BIRTHPLACE (city or town 1 Q. G. E. Y. S. To un	Name of operation Dete of	
(State or country)	What test confirmed diegnosis? Ploved Culture Was there en autopsy?	20
15. MAIDEN NAME Lena Rudz	23. If death was due to externel ceuses (VIDLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) A. Q. Q. X. S. T. D. L. C. (Stete or country)	Accident, suicide, or homicide?, 19	
Control Control	Where did Injury occur?(Specify city or town, county and State)	
(Address) Hagers to un	Specify whether injury occurred in INDUSTRY, In HOME, or In PÜBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Had ex Tourn Mate Nec: 1 ,199	Neture of injury	
19. UNDERTAKER H. K. Co. St. man	24. Was disease or injury in any way related to occupation of deceased?	
20, FILED (2-17-, 1937 MBAFF 1 Bower.	(Signed) / febrush hid	_M. D.
Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilevsu 1 week ago Chronic interstitial menhritis Run over by street car 1 week ann 1921 Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ition should be carefully supplied. AGE should be stated EXACTLY. .USE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

'ION is very important.

WRITE PL

V. S. No. 1

7. PHYSICIANS should state Exact statement of OCCUPA.

JRD. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	301
1. PLACE OF DEATH	93-00	3 3 1
county Wash: naton	Registration Dist. No. 30	2
Village or City Ragey 5 To um.	54 Ball 5	11/
(I	No St., St., of death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
	sds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME TYS Mary M. Copper	If U. S. Veteran, specify WAR	
(a) Residence: No. 24 12 No. Rew 14 V	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	4
remale White married	(Month) (Day)	(Yeer)
5e. If merried, widawed, or divorced HUSBAND of		
(or) WIFE of Saceh	22. I HEREBY CERTIFY, That I attended decea	
101-1014	A 2 /3 3-	,
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Years Months Days If LESS then	14179,	ith is said
	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
70 10 26. I day,nrs.	ware as follows:	te ol onset
8. Trede, profession, or particuler kind of work done, as SPINNER DUSE W. S-2	hypocarditis Cles.	3
SAWYER, BOOKKEEPER, etc	artinaciones	\$
work wes done, as SILK MILL, SAW MILL, BANK, etc	Cardiac Failure 12	1.13/37
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and yeer) 11. Total time (years) spent in this occupation cocupetion		
Wingerton	Other Contributory Causes of Importance	7
12. BIRTHPLACE (city or town) Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Marionia Magnord ;	
# 13. NAME Nochal as Kaber stein -		
13. NAME No Cholas Hober Stein-	Name of a souther	
14. BIRTHPLACE (city or town) 6 cy many	Neme of operation	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diagnosis? Wes there en eutops 23. If deeth wes due to external causes (VIOL ENCE) fill In also the following:	sy?
D 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury	10
(Stete or country)	Where did Injury occur?	10
17. INFORMANT M: SS Helen M. Clopper. (Address) + a alex Sta was the	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Piece + 69exstown Tubeto Dec 15, 1937	Nature of injury	
D.K. Castona.		42
19. UNDERTAKER 19. 11 CO 25 Th acc. (Address) Hagers to um ma	24. Was disease or injury in any way releted to occupation of deceased?	*

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Registrar.

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Example I			Example II			
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Arteriosclerosis	B 10	1915	Attack of epilepsy	1 week ago		
Chronic interstitial neph	ritis IAN 5 1938	1921	Run over by street car	1 week ago		
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago		
	RUREAU	()				
Other contributory ca	uses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

Dr. Wells-

TION is very important. See instructions on back of certificate.

RD. Every item of infor-

STATE OF MARYL	LAND-	CERTIFICATE OF DEATH	3305
1. PLACE OF DEATH		ma .	3001
county Wash; naton		Registration Dist. No.	02
Village or City tto qerstoun	Clf	No. 3 Madi Son Bye St., death occurred in a hospital or institution, give its NAME instead of street and n	Z— Ward
Length of residence in city or town where death occurred	.yrs,mos	ds. How long In U.S. if of foreign birth?yrsmo	sds.
2. FULL NAMESTILL PLON Child	Walter (Clopper If U. S. Veteran, specify WAR	
(a) Residence: No. 3 Madison Ave.	bode)	St., 2 Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (** 5a. If married, widowed, or divorced HUSBAND of	D, WIDOWED, vrite the word)	21. DATE OF DEATH Dec 29 (Month) (Dey)	193 (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I attended d	
6. DATE OF BIRTH (month, day, end year) Dec 29-19	37.	1000 20 27	death is said
7. AGE Yeers Months Deys	If LESS then	to heve occurred on the dete steted above, et J.O. Flm.	
	day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:	D.A. d
8. Trede, profession, or particular kind of work done, es SPINNER,		,	Date of onset
SAWYER, BOOKKEEPER, etc.		asphyxia	
work was done, as SILK MILL, SAW MILL, BANK, etc.		pf 6 +6	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceesed lest worked et this occupation (month end year) occupation	this -		
12. BIRTHPLACE (city or town) Hagers town (State or country)		Other Coutributory Causes of Importance:	
# 13. NAME Walter C. Clopper.			
13. NAME Walter C. Clopper. 14. BIRTHPLACE (city or town) Waynes brown (Stete or country)		Neme of operation Dete of	
		Whet test confirmed diagnosis? Wes there en eu	
15. MAIDEN NAME Florence Paque 16. BIRTHPLACE (city or town) Hagerstown (Stete or country)	<u> </u>	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur?	
17. INFORMANT VI alver C. Clapper (Address) Hagers to war.	λ	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	oe.
18. BURIAL, CREMATION, OR REMOVAL Plece 3 road finding Octo Dec 20		Manner of injury	
19. UNDERTAKER A. C. O. S. man (Address) Hagerstown m	۵.	24. Was disease or injury in eny way releted to occupetion of deceased?	
20. FILED 12-29, 1937 Whasfingo	Registrar.	(Signed) Status Mells (Address) 115 M, Palamas	PP. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance. Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important.

See instructions on back of certificate.

Exact statement of OCCUPA-

	6.	0				
- 1	. (1	1	5	1	4
-4	3	U	1	J	1)

1. PLACE OF DEATH County Washing ton	Registration Dist. No. 307
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds,
2. FULL NAME Charles albest bole	If U.S. Veteran specify WAR
(a) Residence: No. DANCH (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sunck	22. I HEREBY CERTIFY. That I attended deceased from 1937, to 20.10 1937
6. DATE OF BIRTH (month, day, and year) Tieb 3 -/925	I last saw h! IM alive on DEC 10 ,19.3-7 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 11-25. Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular 0 / / // //	Date of onset
kind of work done, as SPINNER, SCHOOL SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specified in the second in this occupation (month and specified in the second in this occupation (month and specified in the second in this occupation (month and specified in the second	@ Ctrebiel Oncesser. 12-9-37
10. Date deceased last worked at this occupation (month and year) 7.3 2 11. Total time (years) spant in this occupation (4.12)	Chaumatic Inguy of chat & abdomen 12-9-37
12. BIRTHPLACE (city or town) Sandy Hoofs! (State or country)	Other Coutributory Causes of Importance:
13. NAME William h Cole, 14. BIRTHPLACE (city or town) Sandy Hooks	of bead of left shigh 12-9.3;
14. BIRTHPLACE (city or town) DANDY LOOPS (State or country)	Name of operation UNUSCA DUM Date of 12-9-0 What test confirmed diagnosis? The Was there an autopsy? No
15. MAIDEN NAME MATY 16-00/Ser. 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the followings
16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Offendent Date of injury 12 9 , 19 3) Where did injury occur? Donal Book - NAS
17. INFORMANT MAR William A, GOGRESS TO LOT WILLS WERE BORNES	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place DUNOY, MYA, Date OLC 13, 1937	Manner of injury Shareb by automobal
19. UNDERTAKER IN COCISIES' (Address)	24. Was disease or injury in any way related to occupation of deceased? 11 occupation of deceased?
20. FILED. Dec 11d , 1931 Borncling It Castle Registrar.	(Signed) Mours To Nother M. D. (Address) Bruneweb md

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis . c 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46-8 V
County / Vashington	Registration Dist. No. 302
Village or City to a gevs to up.	No. 1. U. Q. Q. C. J. T. Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME MYS SUSant Crom	LY . If U. S. Veteran, specify WAR
(a) Residence: No. 11 Clevenaud 17	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec 10, 193 T (Month) (Day) (Yeer)
ia. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HERENY CERTIFY. That I attended deceases of
J. J. O. 12 -1874	I last saw less alive on OSE 19 37. to Versiles OS
DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at 5 m.
63 5 - 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, HO US W. S-C. SAWYER, BOOKKEEPER, etc.	Drie
kind of work done, as SPINNER, to List SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Uata decased last worked at his occuration (month and some last of the second to th	Ceremonia / dever kun
10. Usta decassed last worked at this occupation (month and 1937 spant in this) 0 4 YS	
2. BIRTHPLACE (city or town) Bahrers u: 11-e	Other Coatributory Causes of importance:
77 77 130	omme myscaralles 6m
13. NAME Jo M. Jam: Son: 14. BIRTHPLACE (city or town) Martins by Grand (State or country)	Nama of operation Date of Date of What tast confirmed diagnosis 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
15. MAIDEN NAME Mayer Hinsworth	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME) Na yelf insworth 16. BIRTHPLACE (city or town) + a gerstown. PFD. (State or country) md.	Accident, suicide, or homicide? Date of injury
7. INFORMANT Chas V. Cromer (Address) + a ger staum mit	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hageystown MadDate Dec 12, 1937	Mannar of injury
19. UNDERTAKER # 1. 15. Co SS- man	24. Was diseasa or injury In any way ralated to occupation of decaased?
20. FILED 12-11-, 19.37-16/1005/11/2000000000000000000000000000000	(Signad) A Olully M
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 11921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

-WRITE PLANLY, WITH

ż

PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. USE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. AGE should be

See instructions on back of certificate.

HON is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF D	EATH			(161-26)
CountyWa	shington			Registration Dist. No. 302
Village or City	Hagerst	own		No. 120 Clarkson Ave. St J Ward
			(If	f death occurred in a hospital or institution, give its NAME instead of street and number) 16 ds. How long in U.S. if of foraign birth?
				yrsmos lin U.S. If of foraign birth?yrsmosds.
2. FULL NAME			•	If U. S. Veteran, specify WAR
(a) Residence: N	lo. 120 Cla	rkson Av (Usual place		St., Ward. If nonresident give city or town and State
PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. C	OLOR OR RACE White	s. single, MAR or Divorcei Single	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH December 26 , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or HUSBAND of	divorced			(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of				N.c. 10, 1937 n. Dec. 18# 1037
6. DATE OF BIRTH (mont)	h, day, and year)	December	10, 193	Hast saw him alive on Necember 8th 9 31 death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 8:00 Am. approximately the
0	0	16	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trada, profassion,	or particular			Ucute Cardiac atlatation C Pulmany 12/26/37
SAWYER, BDO		Infant		Edema + Cyanosis.
Work was done	, as SILK MILL, NK, etc			0
NOOL SAWYER, BDO 9. Industry or busin work was done SAW MILL, BA 10. Data deceased las this occupation	t worked at	I1. Total ti	me (years)	
yaar)	Cinonica and		ntin this pation	
12. BIRTHPLACE (city or t	wm) Hage	rstown		Other Coutributory Causes of importance:
(State or country)	Mo	3		
13. NAME Joh	n W. Dayr	nude		
14. BIRTHPLACE (city	or town) Hage	rstown		Name of operation Aurol Date of
(State of Count	try) MC	1.		What test confirmed diagnosis? What Less there an autopsy? Do.
15. MAIDEN NAME	Virginia	D. Blac	k	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city		rstown		Accident, suicida, or homicide? Date of Injury, 19
(Stata or Coun				Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT JO (Address) Ha	hn W. Day gerstown			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION,	OR REMOVAL			Manner of injury
Place Hager	stown, Mo	La Date Dec.	27,19.37	Nature of Injury
19. UNDERTAKER FT	ed W. Kra	iss,		24. Was disease or injury In any way related to occupation of deceased? No.
	perstown.	Md .		If so, specify
20. FILED /2 - 37	- 1937-6h	ast 128	wess!	(Signed) Trank T. Shuppy M. D.
		/	Registrar.	(Address) 1092 Motomal Apragastown Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 5 1938	1915	Attack of epilepsy	1 week ago	
Chronic interstitual nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA-

WRITE PL

V. S. No. 1 N. B.- AUSE OF DEATH in plain terms, so that it may be properly classified.

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
116	201
County Washington	Registration Dist. No. 30 /
	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. How long in U.S. if of foreign birth? yrs. mos. ds.
200 + 10 5	
K1/7/18 7	1 0. 5. Veterally apocity WAR
(Usual place of abode)	St., 5 Ward. If nonresident give city or town ond State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WAFE of	22. HEREBY CERTIFY, That I attended deceased from
Nos 15 19 0	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hr ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	I last saw h; death is sald
7. AGE Years Months Days If LESS than 1 day,hi	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance.
ormin.	were as follows. Date of onset
8. Itade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Colouary Thrombous
, F	
9. Jndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME **Teeland & owns**	
12, BIRTHPLACE (city or town) Williams port	Other Contributory Causes of importance: Two use
(State or country) Md'	
13. NAME Treeland Downs	
14. BIRTHPLACE (city or town). Williams foot	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hary Sprecher	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Hay Sprecher 16. BIRTHPLACE (city or town). Williams port	Accident, suicide, or homicide? Date of Injury19
Q (State or country) Md.	Where did injury occur?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 18. BULLET 19. UNDERTAKER 19. UNDERTAKER	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Pagessown Date 726,193	7- Nature of Injury
19. UNDERTAKER 6. M. Suter & Sons (Address) Hageistown, med	24. Was disease or injury In any way related to occupation of deceased? If so, specify Hearn L. Hears h
20. FILED Dec. 2.3., 1937. Mrs & Lee M. Elron Registrar,	(Signed) William for Md
If more blanks are needed, address State Register.	ar, 241x N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1 - 6 14	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1AN 4 1099	July 5,1927	Peritonitis	3 days ago	
		1		3711	
	I BUKEAU V. S.		1-4	TALL	
Other contributory	causes of importance:		Other contributory causes of importance:	1	
Gallstones		May 1,1923	Gastroenteritis	1 year	

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STATE	OF	MARYL	AND-	CERTIF	CATE	OF	DEATH
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IE OF MARILAN	D-CERTIFICATE	OF DEAT	H) , (
VETON	53-70	Registration Dist	t. No.30.	3
PRIPRING	No.			
own where death occurradvrs	(If death occurred in a hospital or in mos	stitution, give its NAME ins		ber)

	Length o	of residence	In city or t	lown where	death	occurrad	yrs	mos	
2.	FULL	NAME	Co	RA	G	RACE	FAI	TH	

If U. S. Veteran, specify WAR.

If nonresident give city or town and State

(a) Residence: No. R#2 Clear Sprin 6(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WICOWED, OR DIVORCED (write the word) FamqLE 5a. If marriad, widowed, or divorced HUSBANO of (er) WIFE of C. TAITH CHARLES MARCH 11, 1879 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Months If LESS than 1 day.____hrs 8. Trade, profession, or particular OCCUPATION

HOUSEWIFE kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.....

9 Industry or business in which
work was done, as SILK MILL, OWN HOME
SAW MILL, BANK, etc...

10. Date decaasad last worked at this occupation (month and yeer)

1. PLACE OF DEATH

County WASHII

Village or City C/a

11. Total tima (yaers)
spent in this 36

(State or country)

FATHER CORSPRING 14. BIRTHPLACE (city or town) ORYLAND (State or country)

MOTHER THERINE ISLAIR 15. MAIOEN NAME 16. BIRTHPLACE (city or town)

RUZ CICARS PRING MD.

19. UNCERTAKER

Registrar.

21,	DATE OF	DECEMBER	9	193 7
		(Month)	(Dey)	(Yeer)

1, to DECEMBER

MEDICAL CERTIFICATE OF DEATH

The PRINCIPAL CAUSE OF DEATH end related causas of Importence

Date of onset CARCINOMA OF CERVICAL

CliNICA

23. If death was due to external causes (VIOLENCE) fill in also the following

(Specify city or town, county and State) whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Menner of injury

S. No.

should be carefully

OF DEATH

AUSE no

TION

very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
JAN 6 1938	1915	Attack of epilepsy	1 week ago
itis	1921	Run over by street car	1 week ago
BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
ses of importance:		Other contributory causes of importance:	
Gallstones		Gastroenteritis	1 year
	death and related causes follows: JAN 6 1938 tis BUREAU V. 5.	death and related causes follows: JAN 6 1938 1915 dis 1921 July 5, 1927	death and related causes of onset follows: JAN 6 1938 1915 Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Sees of importance: Other contributory causes of importance:

Da Bowman

RESERVED

V. S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related rauses The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstilial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	312
1. PLACE OF DEATH	(3)	
County Washington	Registration Dist. No. 30	2-
Village or City De gerstown	No Washington County Hospitaki, 3	_Ward
Length of residence In city or town where death occurred 27 yrs, mos.	death occurred in a horpital or institution, given's NAME instead of street and number. ds. How long in U.S. if of foreign birth?) ds.
2. FULL NAME Glonso Gehr	If U. S. Veteran, specify WAR	
(a) Residence: No. 733 & Pstomac	St. Ward.	
(Usual place of abode)	If nonresident give eity or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the foord) Male White	21. DATE OF DEATH Dec 27, 193 (Month) (Day)	8
5a. If married, widowed, or divorced HUSBAND of	The second secon	
(or) WIFE of Mrs. Willa 7 Kehr	22. I HEREBY CERTIFY, That I attended decease	ed from
6. DATE OF BIRTH (month, day, and year) July 29 1871	I last saw bases alive on Str 27, 1997 ; death	h is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1, 33 Pm.	
46 4 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Condental SAWYER, BOOKKEEPER, etc	Latines Male 120	Lan
a Industry or business In which work was done, as SILK MILL, B& & RR		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 4.5	Cho. filestated Williate or	MC
12. BIRTHPLACE (city or town) St. Undian Springs	Other Contributes Connect of Importance:	
(State or country) md.		
13. NAME Joseph m Lehr		
14. BIRTHPLACE (city or town) Indian springs	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an autopsy	?
15. MAIDEN NAME Anna Mason	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
16. BIRTHPLACE (city or town) Landing Africage (State or country)	Accident, suicide, or homicide? Date of Injury, 1! Where did Injury occur?, 1!	9
17. INFORMANT Mrs. Urilla 7 Yehr (Address) Hagnatown Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Clearaping Md Date Dec 3 0, 1938	Manner of injury	
19. UNDERTAKER Scott 7 Minnich + Son	24. Was disease or injury In any way related to occupation of deceased?	
(Address) Haglistown md	If so, specify	
20. FILED 2-28-, 1937 Charf Bowers	(Signed)	M. D.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I			Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AN 5 Hall	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

7 4 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
n of infor- ould state OCCUPA-	1. PLACE OF DEATH	
of of CC	county Mash; naton	Registration Dist. No. 302
item of should of OCC	Village or City Sm. 1hs burg 8# 2	No. Deavey Creak Rd:St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
NS Sur		ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME Samuel J. Ges Gord	
RD. Every (YSICIANS) statement	(a) Residence: No. > > the burg R + 2	St, Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
T RE Y. Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec 31. 1937.
TT. T. L. ed.	5a. If marriad, widowed, or divorced	(Month) (Dey) (Year)
BINDING PERMANEN EXACTI y classified te.	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Q Y D Y	22. I HEREBY CERTIFY That I attended daceased from alec. 15 1937, to Lee, 2/, 1937
	6. DATE OF BIRTH (month, day, and year) Abra - 1875	I last saw ham aliva on Dec. 2/st, 1937; death is said
	7. AGE Yaars Months Deys If LESS than 1 dey,hrs.	to have occurred on the date stated ebove, atm.
FOR IS A I stated properl	62 8 19° ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows: Oate of open
- 00	Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Coronary declusion 12/1937
VE-TH	A 9 Industry or business in which	
KK—T should it may n back	work was dona, as SILK MILL, SAW MILL, BANK, atc	4 94 9 5
o t a is	10. Data decaased last worked at this occupation (month and q-193) spent in this occupation year)	
N A L G	Malal Ba	Other Contributory Causes of importance:
RGIN (FADIN plied. 1	(State or country)	
TTH UNFA Illy supplied plain terms,	" 13. NAMES ohn Ges Sund.	
H C sup	13. NAMES Ohn Ges Sond. 14. BIRTHPLACE (city or town) Welsh Run (State or country)	Neme of operationOeta of
VITH fully plain	(State of Country)	What test confirmed diagnosis? Nove
MLY, WJ be careful EATH in I	15. MAIDEN NAME Ellen Jones 16. BIRTHPLACE (city or town) VILLS & Ruy (State or country)	23. If daath was due to external causes (VIOLENCE) fill in elso the following:
car FH orts	16. BIRTHPLACE (city or town) Malsh Muy (State or country)	Accident, suicide, or homicide?
Id be can DEATH y import	Mars & T C - C 1	Where did injury occur? (Specify city or town, county and State)
TARA	(Address) Smilheture my RH2	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
F-10 (0)	18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Z SE	Place Velsh Nun Fa Date 12ec 3, 1937	Neture of Injury
T STON	19. UNDERTAKER A- K. Coss man	24. Was disease or injury in eny way related to occupation of dacaased? 700,
No.	(Address) Haggy Stown. md	If so, specify
N. S.	20. FILED 12 23 -, 1937 Mastro occesso	(Signed) Trank T. Shupp M.D.
17 Sh. 10	Registrar. If more blanks are needed, address State Registrar.	(Address) LO 9 2 N. Volomac St., Hagerstown VMd
Mr mappe	, The vients are needed, marrest state (Kesistat,	- Art Common Street, Datamore, Requesting U. S. 190. 1.

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	Example I	64	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis T	SECTIVEDI	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 5 1938	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	1113:0
Gallstones		May 1,1923	Gustroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PL.

STA	TE	OF	MARYL	AND-	CERTIF	ICA	TE	OF	DEA	TH
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1	1	3	1	
- 6	0)	. 1		
- 8		()		

1. PLACE OF DEATH			(31)
County Washingto	n.		Registration Dist. No. 302
Village or City Hagerst	OR OTHERS ! BY	(lf	No. 328 Mc Dowell Ave, St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	eath occurred		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Nancy Ell	en Gilb	ert,	If U. S. Veteran, specify WAR
(a) Residence: No. 328 Mc	Dowell .	Ave,	St., 5 Ward.
(a) nondende. non	(Usual place o	of abode)	If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED,	21. DATE OF DEATH Dec 16, 193 7 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of Widow of Jam (or) WIFE of Widow of Jam	es Gilb	ert	22. J HEREBY CERTIFY That I attended deceased from 1935 to the 16 1937
6. DATE OF BIRTH (month, day, and year)	Aug 17	, 1852.	Hast saw h. & alive on 12-15 ,1937; death is said
7. AGE 85 Years Months 3	Days 28	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 7300 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Home Work SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this security in the security of the security			Che Myscardelis 1-1-33 Che Kephrilis 1-1-33
SAW MILL, BANK, etc		me (years) It in this pation	
12. BIRTHPLACE (city or town)	un, Pa.		Other Contributory Causes of importance:
William Was:	hington	,	
13. NAME WIIIIAM Was. 14. BIRTHPLACE (city or town) Pa. (State or country)	Run		Name of operation What test confirmed diagnosis? Clerical Was there an autopsy?
# 15. MAIDEN NAMELeah Stake			23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAMELeah Stake 16. BIRTHPLACE (city or town) (State or country)	Dry Run Pa•	~~~~~~	Accident, suicide, or homicide?
17. INFORMANT Harry Dubbs. (Address) Hagerstown			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Roxbury, Pa Date Dec 19 19 37			Manner of Injury
19. UNDERTAKER M. Garfield Shippens bu			24. Was disease or injury in any way related to occupation of deceased?
20, FILED 12-16- 1937 10	rasti	Registrar.	(Signed) Over Jones M. D. (Address) Hageistown, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	H	Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E CE IVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1938	July 5,1927	Peritonitis	3 days ago
BUREAU V.	5.)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MADVI AND-CERTIFICATE OF DEATH

		N. B. WAITE PLAKELY, WITH UNFADING INK-THIS IS A PERMANENT RE CD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
		shol of C
		INS INS ent
6	1	Ev ICI
		HYS t sta
9		RE P Exac
1	rh	L Y.
	MARGIN RESERVED FOR BINDING	ANE CT Ssifte
	INI	KM.
	R B	od Feely Scate
	F0]	IS state
	ED	HIS be be of
	RV	ould may back
	ESE	INF E sh at it
	R	ING AG o tha
	GIN	FAD ied.
	A.B.	uppl terr
		IIY splain
		refu I in tant
		ALY Se ca ATH mpor
1		WAITE PLANTY, WITH UNFADING INK—THIS IS A PER mat on should be carefully supplied. AGE should be stated EXCAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
(1	sho sho is ve
		NO NO
	V. S. No. 1	TIED F
	V. 50	ż

1. PL	ACE OF DEA) WIAIN	LAND		1001
County Washington					Registration Dist. No. 36	1
	illage or City				No. St., death occurred in a horpital or institution, give its NAME instead of street and n	Ward
La	angth of residence in ci	ity or town where	deeth occurred	yrsmos	7ds. How long in U.S. if ol loreign birth?yrsmo	sds.
	JLL NAMEa) Residence: No	IIo 7 for a			St., Ward. If nonresident give city or town and	State
P	ERSONAL AN	ID STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLO	R OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Dec. 20 (Month) (Day)	, 193 // (Year)
	rried, widowad, or divo		1 211200	110	(Month) (Day)	Yreaty
HUS	BANO of WIFE of				22. HEREBY CERTIFY, That I attended	M
6. DATE	OF BIRTH (month, da	y, and year) De	ec. 12,	1937	I last saw h alive on Dee 15, 1937	.; daath is said
7. AGE	Yaars	Months	Oays 7	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at //m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
ž	Trade, profession, or p kind of work done, SAWYER, BOOKKEI industry or business in work was done, as	EPER, etc n which	Infa	nt	Gremature)	
10.1	SAW MILL, BANK, Date deceased last wo this occupation (mo year)	etc orked at onth end	SD8	time (years) ent in this upation	-	1, 1
	HPLACE (city or town) State or country)	Halfw			Other Centributery Causes of importance:	-
企 13. N	NAME Willi	2				
13. N	BIRTHPLACE (city or t	own) Wil	liamspo	rt	Neme of operation Dete of	
4	(State or country)	Mary]			What test confirmed diagnosis? Was there an a	autopsy?
15. MAIDEN NAME Francis V Grawford 16. BIRTHPLACE (city or town) (State or country) Maryland					23. If deeth was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicida? Date of injury Where did injury occur? (Specify city or town, county and State	, 19
William Grimes 17.INFORMANT Halfway					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL Place Riverview Cem Date Dec. 21 1937				. 21 ,137	Manner of injury	
19. UNDERTAKER Edith V Leaf (Addrass) Williamsport Md.				2 4 10	24. Wes disease or injury in any way related to occupation of decaased?	no.
20. FILE	o blecas,	19.87 M	rs & Lie	- M & Elso Registrar.	(Signed) Compart M	d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis \ 4 .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN	July 5,1927	Peritonitis	3 days ago
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state orD. Every item of infor-

> stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

AUSE OF DEATH in plain terms, so that it may be

TION is very important.

tion should be carefully supplied.

Exact statement of OCCUPA.

WRITE

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CTATE OF MADVIAND	CEPTIFICATE OF PEATIL
	CERTIFICATE OF DEATH 13316
1. PLACE OF DEATH	
County Wastington	Registration Dist. No. 22
Village or City Rollinguelle	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Emma although	
	Your H-U-3 Yeleran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec. 29 193 7
5e. If marriad, widowed, or divorced	(Month) (Day) (Yéar)
HUSBAND of (or) WIFE of S male	22. A HEREBY CERTIFY, That I attanded daceesed from
	1937, to dec. 27, 1937
6. DATE OF BIRTH (month, day, and yeer) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I last saw hat eliva on 1997; daath is said
7/ 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profassion, or perticular	wera as follows: Date of onset
Kind of work done, as SPINNER, School Deacher	Chances Murrardelia: 1932
4 9 Industry or business In which	1102
work was done, as SILK MILL, County School.	
year) - 427 occupation 40	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country) Woods, C. md.	moreling
13. NAME Rev. Joseph S. Saimer 14. BIRTHPLACE (city or town) Tacherialle (State or country)	Metrosilerosis 1937.
4 14. BIRTHPLACE (city or town) (Tobles and () (Stata or country)	Neme of operation Dete of
total sounds	Whet tast confirmed diagnosis? Was thera en autopsy?
16. BIRTHPLACE (city or town). Robert 18.	23. If daath was due to extarnal couses (VIOL ENCE) fill In elso the following:
O 16, BIRTHPLACE (city or town) To the Control of Contr	Accident, suicide, or homicide?
me: Son & Co.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT WAS YYANG STUMM	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Robustille Md. Data any -1, 1938.	Neture of Injury
Torus on Wast	24. Wes diseasa or injury in any wey related to occupation of deceased? 180 .
19. UNDERTAKER (U. S. Carry Con (Addrass) (Addrass)	If so, specify
1 29 PM 14 1 1	(Signed). Windlan M.D.
20. FILED / all 1 19 28 1/10 / asserble agreement	

Registrar.

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Example I	-51	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis IN & 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year





V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(97)
county Washington	Registration Dist. No. 30 2
Village or City to a gerstown	No. 1018 Oak Hill Avs. St. 5 Ward
(If Length of residence in city or town where death occurred	death occurred in a horpitator institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAMED, VYebster Groh.	
(a) Residence: No.1018 Oak H:11 Ave	St., Ward.
(Usual piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white (or DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Eleanora.	Dec 15 1937 to Dec 18 1937
6. DATE OF BIRTH (month, day, and year Oct 30-1854	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12 moon -
ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	
Industry or business in which	arlesus the sous
work was done, as SILK MILL, SAW MILL, BANK, etc	
2	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 132 me 301 G (State or country)	
	5 one
E South Made Olors.	
14. BIRTHPLACE (city or town) & \2 a a a (State or country)	Name of operation
I 15. MAIDEN NAME = 1: 20 hoth TTCILLS: 1108	What test confirmed diagnosis? Was there an autopsy?
E	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town). A Deneu al 9 (Stata or country)	Where did injury occur?
17. INFORMANT P. Webster Grob Ir.	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Hagerstown md	***************************************
18. BURIAL, CREMATION, OR REMOVAL Place 1-18. G. C. Y. S. TD. V. J. Date 2. 2. 1937.	Manner of injury
7 K 0 01	Nature of injury
19. UNDERTAKER 1 - 1. COSS mare (Address) A GOSS TO LUNG MARCH	24. Was disease or injury in any way related to occupation of decaased?
12 21 37 Charthesperser	(Signed) An Hautber M.D.
20. FILED (2 - 193) Registrar.	(Address) 'Hay golstown h.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

CTATE	05	MADVI	AND OFF	TIFICATE	OF	DEATH
SIAIE	OF	MARYL	AND-CER	MIFICALE	OF	DEATH

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Lover

1. PLACE OF DEATH	95%)
county Mashington	Registration Dist. No. 302
Village or City Hay exstour.	No. 27 Newey Arz St. 4 Ward
	f death occurred in a hospital or institution, live its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
Ro : 11 / 11 /	16 U. S. Veteran, specify WAR
(a) Residence: No. \$3 Deu ey Ave. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Anna Rebecca.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 13-188)	
7. AGE Years Months Pays If LESS than	to heve occurred on the date steted above, et 3 P. m.
55 4 30 1 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
S Trade profession or particular	Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	apparently Cardia
work was done, es SILK MILL, Tanghurn Crh.	
11. Total time (years) this occupation (month and)	Did Out I
year) 17 12 24 2 19 31. occupation SYYS	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Hagerstown (State or country) md.	Other Countries, Cause of Importance.
# 13. NAME Christian Hedeman.	
13. NAME Christian Hedeman. 14. BIRTHPLACE (city or town) Hagexstoun	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emma Hile.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Emma Hile. 16. BIRTHPLACE (city or town) Hage YS town (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT M. B. H. Meckman. (Address) Hageystown md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagers town. Undoate Dec 13, 1937	Manner of injury
19. UNDERTAKER A- M. Cossman (Address) Hager Stourn, bad	24. Was disease or injury in any way related to occupation of deceased? Rejistrar
20. FILED 2-13-, 1937 Steast Bowers. Registrar.	(Signed) Lut. ineron M.D. (Address) Ha ferstown md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FORTHER STATEMENTS BY PHY	ISICIAN
Tatient, has been ill two or three	augo vut
not bed fact. Died Duddenly	as he was
	or D.C. Condon
had been called and saw him	
	WR.C.

N. B.

	WITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-	
FOR BINDING	S IS A PERMANENT I	stated EXACTLY.	e properly classified. E	certificate.
ANGLIN INESERVAED FOR DINDING	UNFADING INK-THI	upplied. AGE should be	terms, so that it may be	e instructions on back of
	LIVE TE PLANLY, WITH	mation should be carefully s	CAUSE OF DEATH in plain	TION is very important. See instructions on back of certificate.

		MARYLAND-	CERTIFICATE OF DEATH	13319
	County Washingtor Village or City Hagerstow Langth of residence in city or town where deat	n (I	Registration Dist. No. No. Midway Road St., f death occurred in a hospital or institution, give its NAME instead of street and research. ds. How long in U.S. if of foreign birth? yrs. mo	Ward
	2. FULL NAME Margare (a) Residence: No. Midway		If U. S. Veteran, specify WAR	
	PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH December 1,	, 193 7 •
5a.	If married, widowed, or divorced HUSBANO of (or) WIFE of William F	Horn	22. A I HEREBY CERTIFY, That I attended	
-	DATE OF BIRTH (month, day, and year)	1, 1906	I last saw h. 41 eliva on 19.77	
7.	AGE Years Months 10	Days If LESS than 1 day,hrs. ormin.	to heva occurred on the date stated ebova, a \$ \cdot 15P_m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	1000
OCCUPATION	8. Trade, profassion, or particular kind of work done, as SPINNER, HC SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data decaased last worked at this occupation (month and year)	me Work 11. Total tima (years) spent in this occupation	metastasis to metalicae, Reluis and mesentine glands	Oate of onset
12.	BIRTHPLACE (city or town) Adams (Stata or country)	County	Other Contributory Causes of importance:	
ER	13. NAME Thomas Corwel	.1		
FATHER	14. BIRTHPLACE (city or town) Adams (Stata or country) Pa	County	Nama of operation Dete of What test confirmed diagnosis? Was there an a	
ER	15. MAIOEN NAME Emma Woodr	ing	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following	
MOTHER	16. BIRTHPLACE (city or town) Adams (Stete or country)	County	Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
17.	INFORMANT William F. H (Address) Hagerstown,		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) NCE.
18.	BURIAL, CREMATION, OR REMOVAL Place Hagerstawn, Md.	Date Dec. 4 , 19 3	Manner of injury	
_	UNOERTAKER Fred W. Krai (Address) Hagerstown, FILED 2-4-, 19	hospilowers.	24. Was diseesa or injury In any way related to occupation of deceased? If so, specify (Signed) HS Forterfield	
0		Registrar.	(Address) 1 3 6 W W ashin	300774

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1938	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
stat	1. PLACE OF DEATH	93-20
should of OCC	Village or City Datuston	Registration Dist. No. 302 No. 1035 Hamilion Block St., 5 Ward
4 20	Length of residence in city or town where death occurred 45 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
YSICIANS	2. FULL NAME Missis 91 man wile	11.0. S. Veteran, Specify WAR
ate	(a) Residence: No. 1 685 Hamelton Blue	St. 9 Ward.
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Leessles 7 (Month) (Day) (Year)
X A C T I	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Turky	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Nov. 25, 1864	I last saw here alive on See 2, 2, 1937; death is seid
stated E properly certificate.	7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, at //. /S/_m.
stated proper ertific	73 0 12 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
be of	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Date of onset
should it may on back	S. Flede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this progration (month a	Chrome myocardial 2
F-7	10. Date deceased last worked at this occupation (month and year)	Dente pulmonary edema 12/7/3
so t	12. BIRTHPLACE (cily or town) 3 concluse (State or country) Washing Can and	Other Contributory Chuses of importance:
ms. nstr		
illy supplied. plain terms,	13. NAME 14. BIRTHPLACE (city or town). 73 UV	Neme of operation.
ly s laim Se	(State of country)	What test confirmed diegnosis? Lalissical Westhere an eutopsy? No
carefull TH in plortant.	15. MAIDEN NAME V LAND Weekles 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
H i	16. BIRTHPLACE (city or town) B. Denselva	Accident, suicide, or homicide? Date of injury
should be careful OF DEATH in preery important.	(Stele or country) wash. C. md.	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT / VVIO. Vermon Crouse	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
should OF D	(Address) 10 35 Hamber Blod. Hages	I md.
S. E. S.	Place Donulno Md. Dete Dec. 10. 1937	Menner of Injury
mation s CAUSE TION is	PIrm 3 6 105	Nature of Injury
TICA	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of decased?
	12.0 3 Hearth Sources	(Signed) (Signed) M.D.
0	20, FILED Registrar.	(Address) Hagerstown) May

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BEFFAN V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			49
			•

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	L PLACE OF DEATH		(23)
	Village or City The Length of residence in city or town where death occurred		Registration Dist. No. 302. No. Puncess Dagman Hotest, 2 War death occurred in a horpital or institution, give its NAME instead of street and number) a. 3a. ds. How long in U.S. if of foreign birth? yrs mos.
2	(a) Residence: No. Princess D. (Usual place	James H	otsk, 2 Ward. If u. s. Veteran, specify WAR This delphia, Plus a If nonresident affective or town and State
	PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
1	Male infite OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day) (Vear)
5a.	If merried, widowed, or divorced HUSBAND of (or) WHFE-of Docothy F.		22. I HEREBY CERTIFY, That I attended deceased from 19 19
6.	DATE OF BIRTH (month, dey, end year) THay 1.	3-1904	I last saw h alive on 19; death is sai
-	AGE Years Months Days 3_3 6 2_1	If LESS than 1 dey,hrs. ormin.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onse
OCCUPATION	this occupetion (month and spe	Sept Sarage Slarage time (years) ent in this	Pulmonary humouhage. From confloyer's statement, he had -
12.	BIRTHPLACE (city or town) Phila de (State or country)	lphia	Other Contributory Causes of importance: + ours donal; Recently moved in
LHER	13. NAME John J. Fin	ncke	Canon not Know
FAT	14. BIRTHPLACE (city or town) NOL RM (State or country)	own	Neme of operation
HER	15. MAIDEN NAME Catherine B	ortle	What test confirmed diagnosis?
MOTH	16. BIRTHPLACE (city or town) Kru (State or country)	nown.	Accident, suicide, or homicide?
17.	INFORMANT THE SOCOTHY (Address) Philadelph	James , a De	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18.	BURHAL, CREMATION, DR REMOVAL Place Thuladelfshia Date 12	4 ,19.37	Menner of injury
19.	UNDERTAKER 6. M Suter 7 (Address) Lagenton	+ Sons,	24. Was disease of injury in any way related to occupation of deceased?
2D.	FILED / 2 = 4 - , 1937 Steach 15	Registrar.	(Signed) ANN N. N. N. M.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN 5 1039	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUEFAU V. S	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AI	DITIONAL SP.	ACE FOR FUI	RTHER STATI	EMENTS BY P	HYSICIAN	
•						
		-116	91'n			
		- 0				

V. S. No. 1

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Wasternalon.	Registration Dist. No. 300
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Stillborn James	200
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED write the word)	21. DATE OF DEATH (Nonth) (Oay) (Yéar)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CEPTIFY. That I attended deceased from
10/9/57	19, to
DATE OF BIRTH (month, day, and year)	I last saw h; death is said
AGE Years Months Oay's If LESS than	to have occurred on the date stated above, at 11:30 / im.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stillerorn
9. Industry or business in which work was done, as SILK MILL,	A A A A
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spant in this	Breech presentation.
year) gccupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	Other Conditional Causes of Importance.
13. NAME LON myers	
14. BIRTHPLACE (city or town) Work	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIOEN NAME Murrey gaves	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Minne James 16. BIRTHPLACE (city or town) Wash	Accident, suicide, or homicide?0ate of Injury, 19
7. INFORMANT January	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Phanging	
8. BURIAL, CREMATION, OR REMOVAL	, Manner of injury
Placeble aller Celle Oat SCC 5 , 19. J	Nature of injury
19. UNOERTAKER Edith V. Lea- (Address) Williams bod M. d.	24. Was disease or Injury in any way related to occupation of deceased?
20 FULL 2- 2 137 Eeg Bogen	(Signed) Wally H. Shian Wi

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V/S. No. 1.

Registrar.

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9.—The industry or business in which the work was done.

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Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 JAN 4 1089	July 5,1927	Peritonitis	3 days ago
	BURE UV.S.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

Exact statement of OCCUPA-

	4	i.		á
1	5	j	1	P

1. PLACE OF DEATH	(8)
County Washing ton	Registration Dist. No. 30 /
Village or City Proposolle -	
The state of the s	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrmos	ds. How long in U.S. if ot foreign birth?mosds.
2. FULL NAME (Tackus) Johnson	
(a) Residence: No. By swishell, A	UCht., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) / (Day) (Tear)
HUSBAND of Gory WIFE of Factus	1 HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lee - 14-1937	I last saw 1 - 1 - 1 - 57, 42/00 (N /2-1437; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
tactus 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	> / ellhour toetus
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Indestry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	about 3MO-
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	
12, BIRTHPLACE (city or town) Brownsville	Other Contributory Causes of importance:
(State or country)	
13. NAME	\$
13. NAME 14. BIRTHPLACE (city or town)	Name of growthing March Date of
14. BIRTHPLACE (city or town)	Neme of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) - As fales seelle	Accident, suicide, or homicide?, 19, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Tenn, Johnson	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) /Showmpelle. Wo	
18. BURIAL, CREMATION, OR REMOVAL	Manner ot injury
PlaceDate, 19	Nature of injury
19. UNDERTAKER	24. Was disease or injury in eny way related to occupation of deceased?
(Address)	If so, specify
20. FILED Jan 2 , 1938 Maltalhewe Dogulars	(Signed) // Dollar M.D.
Registrar.	(Address) Loan Pan Ma.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMEN	TS BY PHYSICIAN

V. S. No. 1

)	item of infor-	should state	of OCCUPA-	
	"RECOAD. Every	Y. PHYSICIANS	Exact statement	
FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.	certificate.
V.S. No. 1	N. B. WINTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	matten should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
N. W.	N. B.			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-7)
County Washington	Registration Dist. No. 302
Village or City Hageistown	No. A best St., 4 Ward leath occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?rsmosds.
2. FULL NAME altest L. Kane	If U. S. Veteran, specify WAR
(a) Residence: No. Literty St. Ext. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) Wale W. Lite S. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alcee M. Kane	22. I HEREBY CERTIFY, Wat I attended does sed from
6. DATE OF BIRTH (month, day, and year) Unknown	1 last saw h 1 alive on 19 7 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.15 Am.
aloux 70 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Labor SAWYER, BOOKKEEPER, etc.	Oate of onset
9. Industry or business in which work was done, as SILK MILL, Roulette Anthrig Mill SAW MILL, BANK, etc.	12
10. Date deceased last worked at this occupation (month and 1934 spent in this 26 occupation)	
12. BIRTHPLACE (city or town) Unknown (State or country)	Other Castributery Causes of importance:
13. NAME	Allery Schools
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mrs. aliceM / Lane (Address) Hazerstown Ind	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagenson My Date Dec 25, 1937.	Manner of Injury
19. UNDERTAKER STORT Munnich & Son (Address) Hugerstown M.d.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 12-24-, 1937 Most Bowers, Registrar.	(Signed) M. D. (Address) Aggratany M. D.
If more blanks are needed, address State Registrar.	MAZZ N. Charles Street. Baltimore. Requesting U. S. No. Z.

Reachly

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago ELIMITAL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

JRD. Every item of infor-

should state

PHYSICIANS

Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

19. UNDERTAKER

(Addrass)

WRITE

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 13325
1. PLACE OF DEATH	59
County Washington	Registration Dist. No. 30.5
Village or City Pour Company	NoSt,Ward
Length of residence in city or town where death occurred 20 ure	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wilfred Diamond	16 U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	If oporesident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	10 18 7
male white birdowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months B. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town) (Stata or country)	10 1000 00001100 010 110 0000 010100 00000, 010,
13. NAME Samuel R. 14. BIRTHPLACE (city or town) (State or country)	Name of operation Name What test confirmed diagnosis? Classes Was there an autopsy? No
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Plate matro Manadama. Vec. 20, 193	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

if so, spacify

24. Was disaase or injury in any way related to occupation of decaasad?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSECH V G			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

RGIN RESERVED FOR BINDING	WRINE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT	marton should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
RGIN K.	WITH UNFADING	efully supplied. AG	in plain terms, so that	int. See instructions
	WEIGE PLANEY,	marron should be care	CAUSE OF DEATH	TION is very importa

PHYSICIANS should state RECORD. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(947)
County Washington County	Registration Dist. No. 30/
Village or City Williamsport, Md	
	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	_mos19_ds. How long in U.S. If of foreign birth?yrsmosds.
	If U. S. Veteran, specify WAR
(a) Residence: No. Williamsport, Md.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wor Married) White Married	
5a. If married, widowed, or divorced	(Month) (Day) (Teat)
HUSBAND of Vesta Lefever	22. I HEREBY CERTIFY. That I attended deceased from 19.37, to 10.19.37
6. DATE OF BIRTH (month, day, and year) April 21 1855	I last saw ham alive on the 10, 1937; death is said
7. AGE Years Months Days If LESS th	
or min	were refollowe.
8. Trade, profession, or particular kind of work done, as SPINNER, Retired Busines SAWYER, BOOKKEEPER, etc	
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Williamsport, Md	
(State or country) Maryland	_ Unlinio Schenorio 2
13. NAME Samuel Lefever	
13. NAME Samuel Lefever 14. BIRTHPLACE (city or town) Near Williamsport (State or country) Md	Name of operation
and.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ann Herr 16. BIRTHPLACE (city or town) Williamsport, (State or country) Maryland	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 19 Where did injury occur?
17. INFORMANT Vesta Lefever (Wife (Address) Williamsport, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Riverview Cem Date Ded 13 , 19.	3.7. Menner of Injury
19. UNDERTAKER Williams port, Md.	24. Was disease or injury In any way related to occupetion of deceased?
20. FILED Wee, 12, 1937 Mrs & Le ME El Registr	(Signed) I Toli termerrouf, M.D. (Address) Walliams Lower M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	il i	Example II	94
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Employee and Comment on the Comment			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Parion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF	MARY	AND-CE	RTIFICATE	OF	DEATH

1	1	12	13	- 7
1	0	()	-	6

1	. PLACE OF DEAT	гн			82-0/	
County Washington					Registration Dist. No. 304	
	Village or City	Hancock	. Md. F	R. F. D.	NoSt.,St of death occurred in a hospital or institution, give its NAME instead of street and no	Ward
	Length of residence in cit	ty or town whera de	eath occurred	Oyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and as sds. How long in U.S. if of foreign birth?yrsmos	umber)
2	. FULL NAME	Pete	r Lewis	Mann	If U. S. Veteran, specify WAR	
Ī	(a) Residence: No.	77 3		R. F. D.	• St., Ward.	
	(a) Residence. No		(Usual place of	f abode)	If nonresident give city or town and S	State
Section 20	PERSONAL AN	D STATISTIC	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3, 5		r or race	5. SINGLE, MARR OR DIVORCED Sing]	(write the word)	21. DATE OF DEATH December 22, (Month) (Day)	193. 7 (Year)
5a.	If marriad, widowed, or divo HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY, That I attended d	eceasad from
6. 1	DATE OF BIRTH (month, day	r, end year)	ept. 3,	1859	1 1 5 19 3 10 12 - 2 Z 193 2	; daath is said
7. 1	AGE Yaars 7,8:	Months 3	Days 19	If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, et. 7:20Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	D. L. Const.
OCCUPATION	S. Trada, profession, or pe kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as S SAW MILL, BANK, e	es SPINNER, PER, etc which SILK MILL, etc		c III	arteroschasis.	Date of oncet
00	10. Date deceased last wor this occupation (more year)	nth and	11. Total tin	na (years) tin this pation	Other Coattibutory Causes of importance:	
12.	BIRTHPLACE (city or town) (State or country)		on Count	J	Circhial himorrhage	12.223
ER	13. NAME Joh	n Lewis	Mann			
FATHER	14. BIRTHPLACE (city or to	,	ton Cour	nty	Nama of operation Date of	
-	(State or country)		Pa.		Whet test confirmed diagnosis? Was there an au	stopsy?
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	U! 7 ←	eth Litton Count		23. If death was dua to axternal causas (VIOLENCE) fill In also the following: Accident, suicide, or homicide?	, 19
17.	INFORMANT Cha (Address) Ha	rles Ba			(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION, OR R	EMOVAL		24.,19.37	Manner of Injury	
19.	UNDERTAKER Spyd (Addrass) Ha	er-Rowl	and Fund	eral Hom	24. Was disease or injury In any wey related to occupation of deceased?	no
20.	FILED/1/43	37.29	Hen	Megistrar.	(Signed) Helper Difference In	8 > M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

ż

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

properly classified.

SAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

)	3	4	1	H	
1	U	U	-	0	

1. PLACE OF DEATH	930
County Mashington	Registration Dist. No. 30
Village or City / Downsyrells	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mo	
2. FULL NAME Massey Mathenus	If U.S. Veteran specify WAR.
(a) Residence: No. Brownsulla (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Branson Muthurs	22. OI HEREBY CERTIFY, That I attended deceased from 1937, to DEC 2, 1937.
6. DATE OF BIRTH (month, dey, and year) Alec , 26 = 852. 7. AGE Years Months Days If LESS then 1 day,	to have occurred on the dete stated above, at 7.13.01.m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows: Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at 11. Total time (yeers)	aut rephilis 5-1-3
year) occupation 12. BIRTHPLACE (city or town) Lettle Mashington	Dither Contributory Causes of Importance:
(Stete or country) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	Chiope myocades 3
(Stele of country)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide2
17. INFORMANT Co hasho Markenson (Address) Sandy Hack, ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Brownswell Date Dec. 6, 1957	Menner of injury
19. UNDERTAKER (L. L. Sussian + 6.0 (Address) Ludysville - Md.	24. Was disease or mijury of any wey releted to occupation of receased?
20. FILED NEC 4 1957 Cornelius It. Castle Registrar.	(Signed) W. M. D. (Address) M. D. (Address) No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	- 1	Example II	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	TELV . 21	1915	Attack of epilepsy	1 week ago
Chronic interstitial ner	óhritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 6 1998	July 5,1927	Peritonitis	3 days ago
3	RMATERIAL V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	RGIN RESER	VED	RGIN RESERVED FOR BINDING
WRITE PLANTY, WITH	UNFADING INK-	THE	WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
mation should be carefully s	supplied. AGE shou	ld be	hation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain	terms, so that it ma	ly be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
TION is very important. See instructions on back of certificate.	e instructions on ba	sk of	certificate.

19. UNDERTAKER (Address)

Length of residence in city or town where death occurred 7/yrs, mos. 2. FULL NAME 1/auxil 7/16/a (a) Residence: No. 1/6 5 Patarnae (Usual place of abode)	Registration Dist. No. 302 No. 169 Domac St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH Secure Que (Day) (Month) (Day) (Year)
6. DATE OF BIRTH (month, dey, end year) June 13-1866	22. I HEREBY CERTIFY. Thet I attended deceased from 19.37, to 18.66, 19.37. I last saw h. ex. alive on 18.65. 5, 19.37.; deeth is said
7. AGE Years Month Days If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at
8. Trede, profession, or particular kind of work done, as SPINNER, House work SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at this occurrent of the state o	Crimory carcinoma of liver. Cent. R
11. Total time (years) this occupetion (month and year)	Deter Contributory Causes of importance:
12. BIRTHPLACE (city or town) Hunksforon (Stete or country) Med	Generalized Parconatisio
13. NAME Desemiah Johnson 14. BIRTHPLACE (city or town) blearthring (State or country)	Neme of operation
15. MAIDEN NAME Mary Elisabeth Reynold 16. BIRTHPLACE (city or town) learstrung (State or country)	What test confirmed diagnosis? Wes there an eutopsy? ALD_ 23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Robert H. M. bauley. (Address) Hagerstown mad	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Hageistown Date 12/8, 1937.	Menner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed).

24. Was disease or Injury In any way related to occupetion of deceased?___

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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1	WRITE PL. MLY, WITH UNFADING INK-THIS IS A PERMANENT REC. R	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact s

See instructions on back of certificate.

TION is very important.

SICIANS should state tatement of OCCUPA-

D. Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH			(946)
County Washingto	n		Registration Dist. No. 302
Village or City Hagers to	INSTRUMENT	(IF	No. 928 The Terrace St., 5 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	leath occurred		ds. How long in U.S. If of loreign birth?yrsmosds.
2. FULL NAME George	W. Mille	r	If U. S. Veteran, specify WAR
(a) Residence: No. 1720 Vi	rginia A		St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (awrite the word) Married		(write the word)	21. DATE OF DEATH December 11, 193 7 • (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada M. Mi	ller		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	eB. 22,	1883	i last saw h_J_277 alive on
7. AGE Years Months 54 9	Days 19	II LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 740 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Carpente	r	were as rollows! Date of onset 12-11-37
year)	spen	t in this pation	Other Contributory Causes of importance:
I	nown		Name of operation Date ol What test confirmed diagnosis? Status Was there an autopsy?
15. MAIDEN NAME Mary Mi	ller		23. Il death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Mi 16. BIRTHPLACE (city or town) Un (State or country) Md	known		Accident, suicide, or homicide?
17. INFORMANT Mrs. Ada M. (Address) Hagerstown.			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, M	d Date Dec.	13,,19 37	Manner of injury
19. UNDERTAKER Fred W. Kr. (Address) Hagerstown		*****************	24. Was disease or Injury in any way related to occupation of deceased? If so, specify
20. FILED 12 - 13-, 1937 191	ust 60	Registrar.	(Signed) Solvered Guia M.D. (Address) Hagew town Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Ro. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 5 1939			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- Aller

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(0)
County Hastungton	Registration Dist. No. 3
Village or City antilitam	NoSt., Ward
Langth of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	10 -
2. FULL NAME frakew Jackson M	
(a) Residence: No. Antukan - Mol. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Alete OR DIVORCED (write the word)	(Month) (Day) (feet)
5a. If marriad, widowed, or divorced	(month) (Day) (Tear)
HUSBAND of Famin May Mills	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Let -/6-/8600	I last saw h aliva on A last said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.20 Fm.
76 // 7 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER.	OA
SAWYER, BOOKKEEPER, atc.	(from myscarding.)
9. Industry or business in which work was dona as SILK MILL, SAW MILL, BANK, atc	Do to 17 Vilian A
V 10. Date daceased last worked at 11. Total time (years)	Come greater
this occupation (month and spent in this occupation occupation	12/9B)
12. BIRTHPLACE (city or town) Front Rayal	Other Contributory Canses of importanca:
(State or country) Singinia	
13. NAME John Mills	
13. NAME TO THE MAN TO THE TOTAL TO THE PART OF THE PA	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lucinda Sandon	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Lecenda Sandon 16. BIRTHPLACE (city or town) Kulfury	Accidant, suicide, or homicide? Date of injury19
E (State or country)	Where did Injury occur?
17. INFORMANT Clna may mills	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Addrass) Intertant - Mil	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place harpstung Data Dec. /2, 1937	Natura of Injury
19. UNDERTAKER G. L. Guman + Co	24. Was disease or Injury In any way related to occupation of decaased?
(Address) Kerdysville - md	If so, spacify
20 FUED Sucho 1037 Ell Boy-en	(Signed) Molling N. D.
Registrar.	(Ardress) The falling for!)
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting VS. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	229
1. PLACE OF DEATH	(40)	000
county VY a shington	Registration Dist. No. 30	>
SALES CONTACT LINE CO. O.	"373h P 1	
Village or City Hager's town,	No. Od 2010 by CUST St., f death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
	s. Sds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME Charles Elmer Moat	S. If U. S. Veteran, specify WAR	
(a) Residence: No. 32 3 No Rocust	St. 14 Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Dec 31 (Month) (Day) , 193	(Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decer	ased from
(or) WIFE or Wanda	Dec 2/ 4 9 2/-	19.37.
6. DATE OF BIRTH (month, day, end year) \ (11) 27-1901.	942 31 25	ath is said
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at 4 P. m.	
3 H 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance	
Trede, profession, or particular	were as follows:	te of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end	Nie Dan Vicence	1.25/37
Industry or business in which I storing n. 4.		101
work was done, as SILK MILL Chicago Stidge Co	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	one hoster
year) Dec - 3 - 1 A 3 - 1 occupation A Mass	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Slahmaulton (State or country)	Other Contributory Causes of Importance:	
# 13. NAME COOR WITE		
14. BIRTHPLACE (city or town) Dif glumanton		
4. BIRTHPLACE (city or town) - Alfalamaulton (State or country)	Name of operation Date of	
	What test confirmed diagnosis? Wes there an autop:	sy?
E Tilotta	23. If death was due to external causes (VIOLENCE) fill In also the following:	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	19
- (State of Country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT AND THE Marma dule (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Name Chiefly Mil Date July 3, 1938.	Nature of Injury	
19. UNDERTAKER H. S. Collugar	24. Was disease or Injury In any way related to occupetion of deceesed?	
(Address) Halas Alayan Mad	If so, specify	
20, FILED 1-3 1938 Strosf 13 owers	(Signed) To Care black	M D
20. FILED 1950 MOSTITO SCUENCE Registrar.	(Address) Language (Address)	ud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.-The number of years the deceased followed the occupation.

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Example I	200	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		7 1939	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

FATHER

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example F VED		Example II			
The principal cause of death and related causes of importance were as follows; AN 5 1938 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephratis PITEAU V. S.	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

THRITE PL

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V. S. No. 1

TION is very important. See instructions on back of certificate.

RD. Every item of infor-

CTATE OF	MADVI	AND CEDT	TELOATE	0	D = 4 ***
STATE OF	MARYL	AND-CERT	IFICATE	OF	DEATH

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1	L PLACE OF DEATH	107-0
	County Washington	Registration Dist. No. 808
	Village or City Big Spring, Md. R. F.	D. No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2		ray If U. S. Veteran, specify WAR
	(a) Residence: No. Big Spring, Md. (Vaualplace of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	Female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Single	21. DATE OF DEATH December 4, 193 7 (Month) (Day) (Year)
5e.	If married, widowed, or divorced HUSBAND of	
	(or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
6. 1	DATE OF BIRTH (month, day, and year) Jany. 15, 1933	Heat couch do alive on Acc 3. 1087 with hours
_	AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 6:00A _m .
	4 10 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
CCUPATION	8. Trede, prolession, or particular kind of work done, as SPINNER, Child SAWYER, BOOKKEEPER, etc.	Aroncho meumoma Dec 3,
IPA1	9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
		-
0	10. Date deceased last worked at this occupation (month and year)	
12.	BIRTHPLACE (city or town) Montgomery County (Stete or country) Md.	Other Contributory Causes of Importance: Onthe Contributory Causes of Importance: October Contributory Cause
ER	13. NAME George F. Murray	
FATHER	14. BIRTHPLACE (city or town) Washington County (State or country) Md.	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
ER	15. MAIDEN NAME Daisy Betts	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
MOTH	16. BIRTHPLACE (city or town) Nartinsburg (State or country) W. Va.	Accident, suicide, or homicide?
17.	INFORMANT George F. Murray (Address) Big Spring, Md. R. F. D.	Where did Injury occur? (Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Shanktown, Md. Date Dec. 6, 1937	Manner of Injury
19.	UNDERTAKER Snyder-Rowland Funeral Hom (Address) Clearspring. Rd.	24. Wes disease or Injury In any way related to occupation of deceased? 20
20.	FILED DOG 6 , 1937 Q W MUNGUY	(Signed) AVIB A. D. M.D. (Address) Clear Spring Ma.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AN 6 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
pro	a di	/	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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The second residence of the second state in the				

			774	

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mackon should be carefully supplied.

V. S. No. 1

should state

PHYSICIANS Exact statement

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	9.1
County Pashing law	Registration Dist. No. 204,
Village or City Allered Co	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. Hosping U.S. if of foreign birth?yrsds.
2. FULL NAME TUlliam Lawrey	CR My Veteran, specify WAR
(a) Residence: No Mar Rocadale W	Losque Destrict Wash Co mil.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Market (Market Word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	11.04
(or) WIFE of (Fra. Daruhash.	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 20 1869	t tast saw h = alive on Dec 11 , 193); death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, atm,
68 0 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Primary cause: Chronic ongocardities Over R
SAWYER, BDOKKEEPER, etc	Duration: George
work was done, as SILK MILL	HACK FULLIO
year) f	Dther Centributery Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	Tub was her Can all Com
13. NAME Survey Coss Murray 14. BIRTHPLACE (city or town) In A many	Jummary January
(State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAMES POUR COMMON Brakes	23. If death was due to externat causes (VIOLENCE) fitt in also the following:
15. MAIDEN NAME Con Complex Brakey 16. BIRTHPLACE (city or town) facility (State or complex)	Accident, suicide, or homicide?Date of injury
State or country / Maries ///	Where did Injury occur?
17. INFORMANT Der tha a Lay	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address), Janoballo His	
18. BURIAY, CRAMATION, OR REMOVAL Date 17/14 193	Manner of injury
1400	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
The Tall the	(Signed) A. D. Haffer AM. D.
20. FILED J. J. J. J. J. J. J. Registrar.	(Address) Lanca At and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	ephritis -	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 8 1938	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING	SEKVEL	J FOR BINDING	
WRITE PLANTY, WITH UNFADING IN	NK-THI	-WRITE PL. ALY, WITH UNFADING INK-THIS IS A PERMANENT REACAD. Every item of infor-	of infor-
mation should be carefully supplied. AGE	d bluods	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	uld state
CAUSE OF DEATH in plain terms, so that it	it may b	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	CCUPA-
TION is very important. See instructions on back of certificate.	n back o	f certificate.	1

TION is very important.

	STATE OF	MARYI	AND-CERTIFICAT	E OF DEATH
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13336

1. PLACE O	F DEATH				3
Village or C	Nashington (vn Md.		Registration Dist. No. 80 No. Washington County St, death occurred in a horpital or institution, give its NAME instead of street and nur	
Length of res	idence in city or town where	death occurred	yrs2mos	ds. How long In U.S. If of foreign birth?yrsmos.	ds.
	ME John Beence: No. 333 Ce			If U. S. Veteran, specify WARStownWard.	
(Usual place of abode)			of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR, OR RACE OR DIVORCED, OR DIVORCED (write the word) Married				Dec. Sat. 18 (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced Myers (or) wife of Lary Myers				22. HEREBY CERTIFY, That I attended de	
6. DATE OF BIRTH (month, day, and year) Feb. 7, 1886			1886	I last saw h alive on	
Stage Years Months Deys If LESS than 1 day, hrs. or hrs.			If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	Date of onset
Trade, profession, or particular kind of work done, as SPINNER, Labor SAWYER, BOOKKEPER, etc				Suicide by drinking Carbolic Acid	
kind of work done, as SPINNER, Labor SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1937 spent in this if e occupation occupation occupation.			ent In this . 4 -F a		
IZ. BIRTHPLACE (city or town) Huetts Cross Roads (State or country) Maryland				Other Contributory Causes of importance:	
Huetts Cross Roads 14. BIRTHPLACE (city or town) (State or country) Maryland				Name of operation Date of Whet test confirmed diegnosis? Wes there en au	
			d	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME Mollie Guessford 16. BIRTHPLACE (city or town) Wilson Dist. (State or country) Maryland				Accident, suicide, or homicide? Yes Date of injury Decily, 19-37. Where did injury occur? Hagerstown Md. (Specify city or town, county and State)	
17. INFORMANT Mary Myers (wife (Address) 147 East Baltimore St. Hag.			St. Hag.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. HOME	
18. BURIAL, CREMATION, OR REMOVAL Place St. Pauls Cem Dete Dec. 21 , 19 37.				Manner of Injury Suicide from Carbolic Nature of Injury	ACIO
19. UNDERTAKER Edith V Leaf (Address) Williamsport Md 20. FILED /2-20-, 1937 Floatfff Society Registrar.				24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Signed) Harry L. Harrel J. P. (Address) Malliaurs Market	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1938	July5,1927	Peritonitis	3 days ago
HUREAU V.	. 16		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITTE PL

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TION is very important. See instructions on back of certificate.

AD. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13337
1. PLACE OF DEATH	
Village or City Hagerstown	No. Belmont Hotel St., 2 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME MYS Aliee Patterson	
(a) Residence: No. Delmont Hotel (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH (Month) (Dey) (Year)
HUSBAND of (or) WIFE of VV: 11: au D.	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	to have occurred on the dete stated above, at
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL. A CLUM (174 - 10. Oate deceased lest worked et this occupetion (month and yeer) - 11. Total time (yeers) spent in Mis occupetion. Out Y.S.	Date of onset
12. BIRTHPLACE (city or town) BOX BUYY (Stete or country)	Other Contributory Causes of importence:
13. NAME VIII aug Stewart 14. BIRTHPLACE (city or town). Boxbury (Stete or country)	Neme of operation Dete of Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME TO RECORD 16. BIRTHPLACE (city or town)	23. If deeth was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide: Alfa Late Dete of injury Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CALL DO WAY (Address) Hagerstown md. 18. BURIAL, CREMATION, OR REMOVAL Plece M. T. O. L. Pa Dete Dec. (1937)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNOERTAKER II K Co St man. (Address) Hagerstoyn. md.	Neture of injury 24. Wes disease of injury in envirance releted to optupation of deceased? If so, specify
10 FUED / 16- 103) LOUISHT JOURS	(Signed) (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example II

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory eauses of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA.

3338 STATE OF MADVI AND CEPTIFICATE OF DEATH

STATE OF MARTEAND	CENTILICATE OF DEATH
1. PLACE OF DEATH	
county Washington	Registration Dist. No. 302
Village or City 4a gerstown	No. 230 Frederick St. 7 Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Harry Buckey Puber	If U. S. Veteran, specify WAR
(a) Residence: No. 230 Frederich St.	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec 26 193 7
Male White Married	(Month) (Day) (Year)
5a. If merried, widowad, or divorced HUSBAND of (or) WIFE of Mus alice Pubins	22. I HEREBY CERTIFY, That I attended deceased from august 15 19 37 10 12/21 1937
1	, 15, 10, 15, 15, 15
6. DATE OF BIRTH (month, day, end year) June 19 1864	1 1650 36 W 11-2 allive VIII
7. AGE Years Month Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 3:30 Pm.
73 6 7 ormin.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance wara as follows:
9. Irade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carcinoma of Bladder
9. tndustry or business In which House Panting work was dona, as SILK MILL,	
SAW MILL, BANK, etc. Hory Thompson	
10. Date decaased last worked at this occupation (month and yaar)	
10 MIDTURE ACT (Siturations) Frederick	Other Contributory Causes of importance:
(State or country)	
13. NAME William J. Briting	
13. NAME William J. Braking 14. BIRTHPLACE (city or town). Frederick Coulty	Neme of operation Dete of
(Stete or country)	Whal test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Margaret Cramer 16. BIRTHPLACE (city or town) Tederick County (State or county)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Thederick County	Accident, suicide, or homicide?
X (State or country)	Whera did Injury occur?
17. INFORMANTMS. alice Picking (Addrass) Thaquatown mid	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place york Pa Date Dec 29, 1937	Neture of injury
19. UNDERTAKER Scatt & Minnich Ison	24. Was disease or injury in eny way releted to occupetion of deceased?
(Addrass) Hazustown Md.	If so, specify DR. VICTOR D. MILLET,
12-28- 37 ble Harrison	(Signed) It Lin Dlugte 131 W WASHINGTON ST. D.
20. FILED	(Address) AACLESIO N.

If more blanks are needed, address State Registrar, 2211 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related ca of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage IAN 5 1938	July 5,1927	Peritonitis	3 days ago
BUREAU V.	S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

RGIN RESERVED FOR BINDING

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY. methen should be carefully supplied. AGE should be stated EXACTL GAISE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH)	To The 10000
County Washington	1 1 Agentour Registration Dist. No. 302
Village or City Washington Tous County !	torbital St. 3 Ward
The contract of the contract o	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Mary Collan Vigo	E.
(a) Residence: No. / anticlam md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
(OR DIVORCED (write the word)	21. DATE OF DEATH /2
simula Mulle marrierd	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lames A Pierce	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Janus M V VEYCE	Nov. 18 1037 to Dec. 1 1937
6. DATE OF BIRTH (month, day, and year) Mar 15=1871	I last saw here alive on Dec 1 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 1130 Qm.
60 4 21 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and palad causes of Importance were as follows:
8 Trada profession or particular	Date of onset
kind of work done, as SPINNER, Touse IV ife	Courand Occlusion 12/1/37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this occupation occupation occupation	
Docd Of. 2.1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	£ 1- 0000 1111-1
	Therefore he was high
R. Janes in 100. In	the crolentes fall on realities from
14. BIRTHPLACE (city or town) (State or country)	Nama of operation. Data of
IS, MAIDEN NAME Willowing Bank	What test confirmed diagnosis? Karwas there alvautopsy? Yo
II. MAIDEN NAME / COMME	23. If daath was dua to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Wash	Accident, suicide, or homicide?
The state of country	Whera did injury occur? A LA 120 11 (Specify city or town, county and State)
17. INFORMANT A CANAL ASTONIA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR DEMOVAL	To 00 and Illa and
Place anniel manufate 12 = 4 1937	Manner of Injury The Man Thomas Manura of Injury The Manura of Injury
099	
19. UNDERTAKER (Address) Krancy Willy mad	24. Was diseasa or injury In any way related to occupation of deceased?
20. FILED 12/2/1937 16 Hasff 3 ower	(Signed) Augustian M. D.
Registrar.	(Address) Williams four Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 5 1938			
Other contributory causes of importance:	36	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ID. Every item of infor-, WITH UNFADING INK-THIS IS A PERMANENT REC RGIN RESERVED FOR BINDING

4 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
UP	1. PLACE OF DEATH	46.75
OCCUPA	County Arestmaton	Registration Dist. No. 302
0 Jo	Village or Vity Dagliston Wash	death occurred in a pospital or institution, give its NAME instead of street and number)
/	Length of residence in city or town where deeth occurredyrsmos.	-/ds. How long in U.S. If of foreign birth?yrsmosds.
statement	2. FULL NAME Mary Grace Ree	4 U.S. Veteran, specify WAR
	(a) Residence: No. Near Haguston	Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2 / 25 193 7
	5e. If merried, widowed, or divorced HUSBAND of	(Month) (Dey) (Year)
-	(or) WIFE of Charles R. Reese	22. HEREBY CERTIFY. That I attended deceed from
	6. DATE OF BIRTH (month, dey, end yeer) Seld. 24, 1894	l iest sew harman alive on 13/20, 1937; deeth is said
1	7. AGE Yeers Months Deys If LESS than I day,	to have occurred on the dete steted above, etm.
1	H3 3 1 ady,min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
1	8. Trede, profession, or perticular kind of work done, as SPINNER	Carcinoma of Blidge (3)
1	SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Lutestill
	kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Indistry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed lest worked et his occupation (month and	
1	- I shellf lil fills to the	
_	yaer) occupation w	Other Coutributory Causes of importance;
	12. BIRTHPLACE (city or town) . Season Creek	
-	(State or country) Wash. C. md.	
2	13. NAME Newcomm Welty	
4	14. BIRTHPLACE (city or town) 13 4 and Creek (Stete or country) 1	Neme of operation Dete of
-	Y	Whet test confirmed diegnosis? Wes there an autopsy?
7117	The same of the sa	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
000	16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Dete of injury, 19, Where did injury occur?
	17. INFORMANT Charles R. Rese	(Specify city or town, county and State) Specify whether Injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
-	(Address) Shilly wash, Co. Ind.	***************************************
ľ	18. BURIAL, CREMATION, OR REMOVAL Plece 227, 19.37	Manner of Injury
-	Paru) 12 1 0.0	Neture of injury
-	19. UNDERTAKER (Address)	24. Wes disease or injury in eny wey related to occupetion of decessed?
	15-77- 37 byearth3 - NON A	(Signed) Ship Ollister
	20. FILED 1 20 Registrar.	(Address)
anthro	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example 1	li li	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1939	July5,1927	Peritonitis	3 days ago
BUSCAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	WRITE PL. IN, WITH UNFADING INK-THIS IS A PERMANENT REC. (D. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
	Every ite	IANS sh	ment of	1
	EC.D. 1	PHYSIC	act state	
5 NI	NENT RI	CTLY.	ified. Ex	
ROLL RESERVED FOR BINDING	PERMA	d EXA	rly class	cate.
SU FOR	HIS IS A	be state	be prope	TION is very important. See instructions on back of certificate.
ESERVI	INK-T	E should	it it may	on back
CGIN K	FADING	lied. AG	ms, so tha	structions
	ITH UN	ully suppl	plain ter	t. See in
(W NO	be carefu	EATH in	importan
•	TE PL.	plnoys u	E OF DI	is very
1.	WRI	macion	AUS	TION

TWRITE PL

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 13341
1. PLACE OF DEATH	122-24
County Washington	Registration Dist. No. 300
Village or City_Hagerstown_Md	No. Washington County Hospital Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	s1_ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carrie Virginia Renner	If U. S. Veteran, specify WAR
(a) Residence: No. Sharpsburg Maryland (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purise tha word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced WUSDAND of (or) WIFE of Ridgely H Renner	22. HEREBY CERTIFY, That I attended deceased from /2 - 2 9 ,19 3 , to ,19
6. DATE OF BIRTH (month, day, and year) Jan 2 1893	I last saw har alive on /2 - 29 , 1957; daeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 2.40.27, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). Sharpsburg	Multiple abdominal Aurigina with Orlina 12 28-3
(State or country) Maryland	
13. NAME Charles Delanney	
I3. NAME Charles Delanney Sharpsburg (Stata or country) Maryland	Name of operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mary Ellen James 16. BIRTHPLACE (city or town). Sharpsburg. (Stete or country) Maryland	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Ridgely H Renner (Address) Sharpsburg Maryland 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
PlaceMountain View Cam. Jan. 2 19.37	Nature of injury
19. UNDERTAKER Edith V Leaf (Address) Williamsport Md	24. Was disease or injury In any way releted to occupation of deceased?
20. FILED 230, 1937 Elf/204 ere Registrar.	(Signed) Walley 1 .M. D. (Address) Anarpalung M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S. []			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

That I attended deceased from 12/29 10.37

STATE OF MARYLAND-CERTIFICATE OF DEATH

PLACE OF DEATH	
County VVashington.	Registration Dist. No. 302
Village or City Maua au suille.	No.M. Ano nite. Home. St., W. (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	
	0
FULL NAMERYS Alice ashe Riss	
(a) Residence: No. Manney (Vegal place of abode).	St., Ward.
Meuraman (Usual place of abode).	If nonresident give city or town and State

Length of residence In city or town where death occurred	If death occurred in a horpital or institution, give its NAME instead of street and num sds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAMEMYS Alice whe Rissa	
(a) Residence: No. Manyon te Home Meuroman (Usas) place of abode).	St., Ward. If nonresident give city or town and Stat
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Control of the word of the wor	21. DATE OF DEATH (Month) (Day)
HUSBAND of (or) WIFE of Samue .	22. I HEREBY CERTIFY, That I attended deco
6. DATE OF BIRTH (month, day, and year) 1 (1930 - 1870) 7. AGE Years Months Days If LESS than 1 day,hrs 6. T 3 29. If LESS than 1 day,hrs	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, House world SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and control to the country of the control to the control	allaenia - Steonday)
10. Date deceased last worked et this occupation (month and yeer) 10x-14-3-7-1 occupation 70473	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) Greencastle (State or country) Pa	Other Coatributory Causes of Importance.
14. BIRTHPLACE (city or town) Green castle	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Wes there an auto
15. MAIDEN NAME Tebecca Knode 16. BIRTHPLACE (city or town) Scheme Castle (State or country) 17. INFORMANY MASS Service From de	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?

What test confirmed diagnosis?	Wes there an autopsy?
Neme of operation	Dete of
Other Coatributory Causes of Importance:	
Allaeuria -	lo Carditio Date of
The PRINCIPAL CAUSE OF DEATH and related were as follows:	1
last saw h alive on	

WUSE OF DEATH in plain terms, so that it may ion should be carefully supplied. very important.

(Address)

PHYSICIANS should state ND. Every item of infor-

of OCCURA

Exact statement

properly classified.

certificate.

See instructions on

FOR BINDING

RGIN RESERVED

19. UNDERTAKER

If more blanks are needed, addre & State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy TO THE PARTY OF TH 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

9 40	County / Ny world y yuu.	Registration
should of OC	Village or City Mean Smulaling	No.
-= 0	(If	death occurred in a hospital or institution, give its NAM
A'S	Length of residence in city or town wifere death occurred from mos	ds. How long in U.S. If of foreign birth?
Every CIANS ement	2. FULL NAME Crpha Kuth Kussma	. If U. S. Veteran, specify WAR_
D. SI tat	(a) Residence: No.	St., Ward.
A Y	(Usual place of abode)	If nonresider
RECC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT
REC. Pl	3. SEX 4. COLOR OR RACE 5SINGLE, MARRIED, WIDUWED,	21. DATE OF DEATH
FA	Furnale Whit Married World	Alle.
T I ed.	5a. If married, widowed, or divorced	(Month)
MAN) A C assifi	HUSBAND of Gory WIFE of Gory WIFE of	22. I HEREBY CERTIF
MA ass	Stone G. Putter	Quy 20 , 19,37, to 1
EX Classes.	6. DATE OF BIRTH (month, day, end year) aug. 27-1893	i last sawate elive on Pec 1
A	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$
IS A I stated properl	1616 2 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related cau
IS sta pro pro	47 1 1 1 ormin.	were as follows:
ro	8. Trede, profession, or particular kind of work done, as SPINNER,	lad ens- parcusses
-	SAWYER, BOOKKEEPER, etc	Breat (Richel)
vK_T should it may n back		
2	SAW MILL, BANK, etc O Date decessed lest worked at this occupation (month end the company in this countries).	Jearcin ounce For
	11. Total time (years) this occupation (month end spent in this	1 Jearen our don
IG I	year) occupation	Other Contributory Causes of importance;
A So t ctio	12. BIRTHPLACE (city or town)	other conditions causes of importance.
AD ed. s, s	(State or country) Wayland.	
UNFADING supplied. AGI n terms, so tha ec instructions	II 13. NAME Still Smith.	1
UN upp ter	Ε	
H	(State or country)	Name of operation
TI		What test confirmed diagnosis?
LY, WITH be carefully EATH in plain portant.	15. MAIDEN NAME Clara Wolf.	23. If death was due to external causes (VIOLENCE)
Y, ar H	16. BIRTHPLACE (city or town). Mary lavel	Accident, suicide, or homicide?
LY, e cal ATH	(State or country)	Where did injury occur?
	17. INFORMAN Ships / yth Smith	Specify city of Specify whether injury occurred in iNDUSTRY, in it
PLA hould OF D	(Address) Smithline Wd.	
4.7 40	18 BURIAL CREMATION ARAREMOVAL	Manner of injury
E S	Plece Smithling Cem. Date Alle. 20 1937	W 1
TION NOTE	2 14 011	Nature of injury
REAL PROPERTY	19. UNDERTAKER Comade funcial Home	24. Was disease or injury in any way releted to occu
1	(Address) Smithling Md.	If so, specify
-	20. FILEDURE / 9 1927 Sert Treguson	(Signed) 4 Role
Z	20. FILEURA Revistrar	(Address)

STATE OF MARYLAND-	CERTIFICATE OF DEATH 13343
1. PLACE OF DEATH	
County (Washwynn.	Registration Dist. No. 00
Village or City Man Mulature	NoSt.,Ward
2. FULL NAME Cypha / with / tussma	u . If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	
S. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writing he word) Manual	21. DATE OF DEATH Lee- 17 193.7
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Lover C. Russman	22. I HEREBY CERTIFY That I attended deceased from
5. DATE OF BIRTH (month, day, end year) aug. 27-1893	
AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$.30 P1_m.
44 2 22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	No. (If death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U. S. If of foreign birth? If U. S. Veteran, specify WAR St., Ward. If nonresident give city or town and State RS MEDICAL CERTIFICATE OF DEATH DUWED, he word) 22. I HEREBY CERTIFY That I attended deceased from (Month) (Day) (Year) 22. I HEREBY CERTIFY That I attended deceased from 1937, to Act is said to have occurred on the date stated above, at \$3.00 \text{ 1.m.}\$ The PRINCIPAL CAUSE OF DEATH and related causes of importance were relowed. Beautify The principal causes of importance: Date of ones. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurred in HDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury In any way releted to occupation of deceased? If so, specify (Signed). M. D.
9. lodustry or business in which work wes done, as SILK MILL, Housewife .	Breat (Right) 1906
SAW MILL, BANK, etc	Jearcey oruse Lawy Late nor
11. Total time (years) this occupation (month end year) year) Occupation	I leaving on works 18/ 1987
	Other Contributory Causes of importance:
(State or country) Maryland.	
13. NAME affed Smith.	1
14. BIRTHPLACE (city or town) Aff	Name of operation Date of
(State or country)	
15. MAIDEN NAME Clara Wolf.	
16. BIRTHPLACE (city or town) Mary lave	
17. INFORMAN Shiss Ryth Smith. (Address) Smithling Md.	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, TRAREMOVAL	
19. UNDERTAKER Comad Fineral Home (Address) Smithley md.	
20. FILEDURE 19 , 1977 Serth Tayuron Cool Registrar.	(Signed) G. K. Older M. D.
If many black and all all a Control is	N. Cl. J. C

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	Example I	111	Example II	
The principal cause of importance were	2	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 4 1038	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	and a second sec		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. 1	County Washington	3 11 11 -	Registration Dist. No. 300
	Village or City Shalf-sl		No. St
		(/	If death occurred in a hospital or institution, give its NAME instead of street and number
	Length of residence in city or town where dea	oth occurredyrsm	ds. How long in U.S. if of foreign birth?yrsmos
2.	FULL NAME Denfames	n Thanklim O	ewell
	(a) Residence: No. Okarps	(Upgal place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	ale negro	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)
5a. If i	married, widowed, or diverced- HUSBAND, of (or) WIEE-of		22. I HEREBY CERTIFY, That I attended decea
6. DAT	TE OF BIRTH (month, day, and year)	11-411869	i last saw h and alive on Dee 26 - 3:3 pm 937; dea
7. AGE		Oays If LESS than	to have occurred on the date stated above, atm.
	68 30	24 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
LION	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	aboror	acute alcoholism
AM	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	many .	
	O. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	
-	year)	occupation	Other Contributory Causes of Importance:
12. B1		soulle	Chronic alcoholism
~	(State or country)	CY 11	- Chronie myocarditis
포 ー	3. NAME Senfamin	Dewell	
FAT 14	4. BIRTHPLACE (city of town) 11 44 CR. (State or country)	ysville	Name of operation
œ 15	5. MAIDEN NAME Many 1	in a	What lest confirmed diagnosis?
MOTHER	6. BIRTHPLACE (city or town)	de dville	Accident, suicide, or homicide? Date of Injury,
Σ	(State or country) Tank	/ 4	Where did injury occur?
	(Address) Glenn Ho	ither I - ma	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BU	URIAL, CREMATION, OR REMOVAL	10 30 25	, Manner of injury
	Place Shaupshug	Oate Alec 30 , 193/	Nature of injury
19. UN	NOERTAKER & L. Suman.	160 Jus	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Treely suc	and ma	If so, specify Tred More Cox Cox
20. FII	Alex 1 8 1937 6	Registrar,	(Signed) STORE COLL COLL COLL COLL COLL COLL COLL COL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

item of infor-OCCUPAplnods Jo PHYSICIANS statement Exact REC PERMANENT classified. (3) certificate. properly stated SI THIS be pe Jo may back pluods UNFADING INK on that instructions S supplied. terms, See plain carefully very important. in DEATH

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. Length of residence in city or town where death occurred 2. FULL NAME U. S. Veteran, specify WAR_ (a) Residence: No If nonresident give city or town and State ual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Day) 5a. If marriad, widowed, or divorced HUSBAND of RTIFY, Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Years If LESS than 7. AGE Months Davs to have occurred on the date stated above. CAUSE OF DEATH and related causes of importance or min. Ste of onset 8. Treda, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc.... 10. Date decaasad last worked at 11. Total tima (years) this occupation (month and spent in this occupation __ year) 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Menner of injury If so, spacify 20. FILED Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I	il i	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
* V s	20		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 13340
1. PLACE OF DEATH	822
County Washington	Registration Dist. No. 1302
Village or City Takers Lown	No. Bellevashington Co. Home 5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?mosds.
2. FULL NAME David William Sonya	
(a) Residence: No. 646 Forest Dribe	St. 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No. DIVORCED (write the word) White Whate	21. DATE OF DEATH December 17, 19337
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Pelvecca	22. I HEREBY CERTIFY Thet I attanded deceased from 19.37, to Lec 1.7, 19.37
6. DATE OF BIRTH (month, day, and year) Tue 14 1871	Hast sew h See alive on (See 14 , 1957; death is said
7. AGE Years Months Days If LESS then	to have occurred on tha dete stated above, et. 5:45/7m.
66 4 3 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causas of Importance were es follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Date of the second
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	Kight Diale Newsplagia Ord so
work was dona, es SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and this occupation (month and this occupation)	Grimory Couse: Cerebral Remarrhage.
this occupation (month and 03.37) spent in this occupation.	Dither Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Leurs welle	
(State or country)	X4 perilusin
13. NAME Hard Shiften 14. BIRTHPLACE (city or town) Institution	
(State or country)	Name of operation
15. MAIDEN NAME Charlett Thank	Whet test confirmed diagnosis? Wes thera an eutopsy?Ud= 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Charlette Costs 16. BIRTHPLACE (city or town) Smith Durg	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Mus. Religion Singley (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Se Manas Date Dec 17, 1951	Nature of Injury
19. UNDERTAKER J. K. Coffman	24. Was disease or injury in any way releted to occupation of deceased? Lie P.
(Address) Dagagowy Ma	If so, specify
20. FILED 12 - 1934 1870 1891 1891 1891 1891	(Signed) 2. (Calmotous M. D. M. D. (Address) Hadrotous M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

B.—WRITE mation

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V. S. No. 1

certificate.

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See instructions on back

ery important.

TION CAU

17, INFORMANT (Address)

19. UNDERTAKER

(Address)

OR

18. BURIAL,

state

PHYSICIANS Exact statement

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	STATE OF MARYLAND—	CERTIFICATE OF DEATH 13	347
	1. PLACE OF DEATH	(74)	
	County Washington	Registration Dist, No.	~
	Village or City Security	No. St	Ward
		death occurred in a hospital or institution, give its NAME instead of street and numbe	
		ds. How long In U.S. if of foreign birth?yrsmos	ds.
	2. FULL NAME Leonard Dominic Sp	If U. S. Veteran, specify WAR	
	(a) Residence: No. Security (Usual place of abode)	St., Ward. If nonresident give city or town and State	
and the same	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Hale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 2 6 , 193 (Month) (Day) (193)	7 Year)
5a	If married, widowed, or divorced HUSBAND of (or)-WIFE of Mary Sinta	22. I HEREBY CERTIFY. That I attended decease	
6	DATE OF BIRTH (month, day, and year) aug. 9-1890		
	AGE Years Months Days If LESS than	to have occurred on the date stated above, atni	ii is said
	47 3 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	ol onset
NO	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		
OCCUPATION	industry or business in which work was done, as SiLK MILL, Horth Cumerican SAW MILL, BANK, etc.		
220	10. Date deceased last worked at this occupation (month end spent in this		
-	year) occupation	Other Contributory Causes of importance:	
12	BIRTHPLACE (city or town) Staly (State or country)		
ER	13. NAME Gobbatta Spirzs		
FATHER	14. BIRTHPLACE (city or town) ————————————————————————————————————	Name of operation Date of What test confirmed diagnosis? Was there an autopsy	
ER	15. MAIDEN NAME autoria	23. If death was due to external causes (VIOLENCE) fill in also the following:	11
MOTHER	16. BIRTHPLACE (city or town) 9 tally (State or country)	Accident, suicide, or homicide? Sasiale Date of Injury Dec. 6, 1	1927

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

If so, specify

(Specify city or town, county and State) occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased

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principal cause of death and related causes portance were as follows:	Date of onset
c of epilepsy	1 week ago
ver by street car	1 week ago
nitis	3 days ago
contributory causes of importance:	
penteritis	1 year
	ver by street car nitis contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County VCISh ngton Village or City Ha a gystown-	Registration Dist. No. 302
(If	No. H 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2. FULL NAME(Villiam Henry Spreche (a) Residence: No. 422 Summ 4 Ave (Usual place of abode)	If U. S. Veteran, specify WARSt.,Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec 23 1937. (Month) (Day) (Feet)
If married, widowed, or divorced HUSBANO of (or) WIFE of	, , , , , , , , , , , , , , , , , , , ,
1- Yn ma 11	22. I HEREBY CERTIFY. That i attended deceased f
DATE OF BIRTH (month, day, and year)	I last saw here alive on 1723/37 19 ; death is
AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
8. Trade, profession, or perticular kind of work done, as SPINNER heckaute	Brouchopuruvia 1 ws
kind of work done, as SPINNER PLEASURE AND	
10. Date deceased last worked at this occupation (month and 9.30 spant in this occupation)	Other Cantributary Canses of Importance:
State or country)	asterioscherotie Mast Biscase ? 49
14. BIRTHPLACE (city or town) 17.6 9 ers town	Name of operation Date of
(State or country)	What test confirmed diagnosis? Chicical Cours & Was there an autopsy?
15. MAIOEN NAME riscilla Hammer 16. BIRTHPLACE (city or town) Hagers town. (State or country) md.	23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
INFORMAN MY W. H. Sweecher	Where did Injury occur?
B. BURIAL, CREMATION, OR REMOVAL Place # Q & Y S to un Modole Nec 26, 1937.	Manner of Injury
UNDERTAKER A. K. Co. F. F. mar. md.	24. Was disease or injury in any way related to occupation of deceased? No If so, specify
17-25-37 blassett 3 seeks	(Signed) John St. Home Caker N (Address) 13B W. Waskington St.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WELLET V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PL. LY, WITH UNFADING INK—THIS IS A PERMANENT RE. KD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state exact Statement in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.	infor	state	CUPA-	1
WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMANENT RECED. Every if may on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUCE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instructions on back of certificate.	em of	should	00 J	/
WRITE PLACE, WITH UNFADING INK—THIS IS A PERMANENT Remains should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ETION is very important. See instructions on back of certificate.	E D. Every it	PHYSICIANS	xact statement o	
The Third of the Carefully supplied. AGE should be stated I sea USE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate	SRMANENT R	EXACTLY.	classified. E.	ů
WRITE PLACE, WITH UNFADING INK—THIS manner of USE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of	S IS A PI	stated 1	properly	certificat
MARITE PLACE, WITH UNFADING INK—That on should be carefully supplied. AGE should be CATH in plain terms, so that it mathroly is very important. See instructions on bac	LHIS	d be	y be	k of
	H UNFADING INK-T	y supplied. AGE should	ain terms, so that it may	See instructions on back

County Washingto	n		Registration Dist. No. BOL	
Village or City Williams	port, Md	" (if	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 50. P.S. How long in U.S. if of foreign birth? yrs mos ds	
2. FULL NAME Francis			If U. S. Veteran, specify WAR	
(a) Residence: No. 153 Co				
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. Color or RACE	5. SINGLE, MAR OR DIVORCE DALOY	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Dece, ber 193.7 (Month) (Day) (Yaar)	
a. If married, widowed, or divorced HUSBAND of Baby (or) WIFE of			22. I HEREBY CERTIFY, That I attanded daceased from	
. DATE OF BIRTH (month, day, and yaar)	Dec. 1.	1937	1 lest saw h alive on	
. AGE Years Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None			Premature and Cardiac	
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	ne 11. Total t	ime (years) None nt In this		
			Other Contributory Causes of Importance: Cardiac Falure	
13. NAME William Sto	ner			
13. NAME William Sto 14. BIRTHPLACE (cily or town) MCC (State or country) Pa.		rg	Name of operation Date of What test confirmed diagnosts? Was there an autopsy? _ N	
15. MAIDEN NAME Edna St	train		23. If deeth was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Edna St 16. BIRTHPLACE (city or town)		rt,	Accidant, suicida, or homicide?	
17. INFORMANT William Stoner (Address) 153 Conocheague St. Williams			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place Riverview Ce				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

N. B.—WRITE PLANKLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. So that it may be prepared allowed and the state can be seen as a state of the state can be seen as a state of the state o E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	165
County Grashington	Registration Dist. No. 367
Village or City faculat Show	No. St Ward
(If Langth of rasidance in city or town whera daath occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
70 11 97	
(a) Residence: No. Local & Strong	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2 3 1937
Male White married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Covella M. Durner	22. HEREBY CERTIFY, That I attended decassed from
6. DATE OF BIRTH (month, day, and year)	I last saw h elive on , 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on tha date stated abova, atm.
36 3 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	Suicide to Hagning
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date decaasad last worked at this occupation (gonth and spent in this	
12. BIRTHPLACE (city or town). Portugue 16.	Dther Contributory Causes of importance:
(State or country) washe Co. md.	
13. NAME Charles Jurus	
14. BIRTHPLACE (city or town) Dages Town	Nama of operation Data of
(State of county) Wash, Co. Ma.	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ora Reeder 16. BIRTHPLACE (city or town) Robersulle (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) X O Larrand	Accident, suicide, or homicide?
Of the Country)	Where dld injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Torus Date Dec. 6. , 19.37	Manner of injury
19. UNDERTAKER DY D. Bast 45 on (Address)	24. Was disease or injury In eny way related to occupation of decaased?
20. FILED Dec: 5., 193 / Man Hatherine Dagenhard.	(Signed) Robert S. Olingan acel Cornon. (Address) Boonsbore ma

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 6 1938			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 13351		
1. PLACE OF DEATH	Registration Diet No 7 - 30 G		
County Manylow	Registration Dist. No. 2 - 00 G		
Village or City Augustuburg and	No. St., V (If death occurred in a hospital or institution, give its NAME instead of street and number)		
	osds. How long In U.S. if of foreign birth?yrsmos		
2. FULL NAME Preston Sigle Vo	gle		
(a) Residence: No.	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH		
Male White OR DEVORCED (whethe word)	21. DATE OF DEATH (Month) (Dy) 193 Jean		
a. If married, widowad, or differed HUSBAND of	22. I HEREBY CERTIFY, Thet I attended decaased		
(ac) WIFE of My Olive. It tigel	Pec 15 1957 Pec 21		
DATE OF BIRTH (month, day, and year)	I last saw have alive on Day 2/ 1937; death is		
AGE Years Months Days If LESS than	to have occurred on the date stated above, at		
F3 3- 16- 1day,hr	mare as follows:		
8. Trade, profession, or particular	Palerque Drostatic Hyperte Date of		
kind of work done, as SPINNER, Pettined SAWYER, BOOKKEEPER, atc.	Theory armoraedital 118		
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	7		
10. Date daceased last worked at 11. Total time (years)	Correbret Henory age ta		
this occupation (month and year) occupation	192		
2. BIRTHPLACE (city or town) Smithsburg	Other Contributory Causes of importance:		
(State or country) Starly live April			
13. NAME Denards Vogle			
14. BIRTHPLACE (city or town). Lecrustary	Name of operation		
(State of country)	What test confirmed diagnosis?		
16. BIRTHPLACE (city or town) Surphabethy (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
16. BIRTHPLACE (city or town) Sunthabely	Accident, suicida, or homicide?		
(State or country) Wash les Juck	Where did injury occur?		
(Addrass) Suntabuy and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
B. BURIAL CREMATION, OR REMOVAL	Manner of Injury		
Data Nec 24 -, 193	Nature of Injury		
9. UNDERTAKER USEO - B. Hooven	24. Was disaase or injury in any way related to occupation of decaasad?		
(Address) Suntinging my	If so, specify		
10. FILED/Lec 22 1937 Soft Ferouson	(Signad) 4 K 54 Lee		
Cocal Registrar,	(Address) Quelle Sang		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car . 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	18 Sept 14
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-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	martin should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SACSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
NENT RECORI	CTLY. PHYS	ified. Exact st	
IS A PERMA	stated EXA	properly classi	certificate.
DING INK-THIS	. AGE should be	so that it may be	TION is very important. See instructions on back of certificate.
LY, WITH UNFA	carefully supplied	TH in plain terms,	portant. See instru
CURITE PLAN	marijn should be	SAUSE OF DEA	TION is very im

STATE	OF	MARYI	AND-	CERTIFIC	ATF	OF	DEATH
JINIL	OI	IMIWIT I	AIND	CLIVIII IC	ΔIL		DEALD

1	0,	7	P	67
I	J	J	5	4

1. PLACE OF DEATH	(210-m)		
county XV ashington	Registration Dist. No. 302		
Village or City 170 0 2 7 5 70 400	No. VVash Co Hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrsmos.			
2. FULL NAME //: \au F). VYeller	If U. S. Veteran, specify WAR		
(a) Residence: No. 6 10 Mo Mulber of abode)	St., / Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Dec 2, 193 1. (Month) (Day) (Year)		
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of - and e.	22. I HEREBY CERTIFY, That i attended deceased from		
6. DATE OF BIRTH (month, day, and year) May 1-1861 7. AGE Yaars Months Days If LESS than 1 day,hrs. 9	I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 3 2 2 m. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: Date of onset		
SAWYER, BOOKKEEPER, atc. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was done, as SILK MILL, M. G. Ceutral SAW MILL, BANK, etc. 10. Date daceasad last workad at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. NAME 16. Date daceasad last workad at this occupation with spent in this occupation occupation. 17. Sawyer, BOOKKEEPER, atc. 18. August 19. Ceutral 19. Ceutral 11. Total time (yaars) spent in this occupation. 11. Society of the country occupation. 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:		
4 14. BIRTHPLACE (city or town) hax las Town	Name of operation Date of		
(State of county)	What tast confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME [] (State or country) 17. INFORMANT Y. Y. DUY YYENEY (Address) + a a ersto un. Md. 18. BURIAL, CREMATION, OR REMOVAL Place 104 275 town. Md. Date Dec. 1937.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Author accident at Peterna & Consumer of Injury & Refuse form from the formation of the public state of injury legal shoulder, broken and skeel from the public broken and skeel from the public state of injury legal shoulder, broken and skeel from the public state of injury legal shoulder, broken and skeel from the public state of injury legal shoulder, broken and skeel from the public state of injury legal shoulder, broken and skeel from the public state of injury legal shoulders.		
19. UNDERTAKER A. J. COSS-man (Address) + a q o y s + s y md 20. FILED /2-3-, 1937 phay from some sol, Registrar.	24. Was disease or injury in any way related to occupation of deceasad? If so, specify (Signad) OI Eawway Rasad, acting Earnews, o. (Address) Rasadsown Tha		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: JAN 5 1938	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

should state

PHYSICIANS

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

DF DEATH in plain terms, so that it may be

very important.

should be carefully supplied.

B.—WRITE PLA

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V. S. No. 1

Exact statement of OCCUPA.

AtD. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13353
1. PLACE OF DEATH	93-0
County Warlington	Registration Dist. No. 305
Village or City Branch Coule	ND. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Katie may Welter	4 If U. S. Veteran, specify WAR
(a) Residence: No. Beau Out my. (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DEC. 19 (Year)
5e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended daceased from
6. DATE OF BIRTH (month, day, end year) Dec. 24, 1864	I last saw has elive on Decay (4 , 1937; death is said
7. AGE Years Months Days If LESS then	to heve occurred on the date steted abova, et 1.9. A. "m.
72 11 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Chrone Myrtadiles 1934
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town).	Other Coatributory Causes of Importance:
(State or country)	
13. NAME William Jones.	
14. BIRTHPLACE (city or town) 3. 000	Name of operation Date of
(State or country)	What test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME V Nahala 10 assures.	23. If deeth was due to external causes (VIDL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town) 2 5 5 5 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?
17. INFORMANT Mrs. Charles Wilty.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury
Place Dearns Crust Mapate Dec. 22, 1937.	Neture of injury
19. UNDERTAKER UM. 7. Best 48 og (Address) Bornes Ma	24. Wes disease or injury in any wey releted to occupation of decaased?
20, FILED Dec. 21, 1937 William 7. Bask	(Signed) J. W. Wary M. D. (Address) 300000000.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. s	. 11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Washington County Registration Dist. No. item Clarkson Avenue Village or City Hagerstown (If death occurred in a hospital or institution, give its NAME iastead of street and number) yrs. ____ds. How long in U. S. if of foreign birth? _____yrs. ____mos. ___ds. PHYSICIANS Length of residence in city or town where deeth occurred. statement Mamie White 2. FULL NAME If U. S. Veteran, specify WAR 123 Clarkson Avenue (Usual place of abode) If nonresident give city or towa and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH Female OR DIVORCED (write the word) December Colored (Month) (Day) (Yaar) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I ettended deceased from John H. White (or) WIFE of Unknown 1877 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Days If LESS than 1 day.___hrs. 60 The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Date of onset 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER, House Work SAWYER, BOOKKEEPER, etc. House Work plnods may back 9, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc._____ 10. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this that occupation ____ Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) ____ Frederick (State or country) supplied. in plain terms, FATHER 13, NAME Unknown Name of operation (Stete or country) carefully What test confirmed diegnosis?_____ Was there en autopsy?____ Unknown 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: MOTHE Accident, suicide, or homicide?______ Date of Injury_____, 19____ OF DEATH 16. BIRTHPLACE (city or town) In known (State or country) Where did injury occur?_____ be (Specify city or town, county and State) John H. White Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17 INFORMANT very Hagerstown. Md. (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury SE Hagerstown, Md Pale Dec. 13, 1937 Nature of injury_ 24. Was disease or injury in any way related to occupation of deceased? Fred W. Kraiss. 19. UNDERTAKER Hagerstown Md If so, specify. (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

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WINTE PLACEY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of in	pe	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUI	TION is very important. See instructions on back of certificate.
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RGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH)
1. PLACE OF DEATH	10	
County U-ashmaton	Registration Dist. No. 3 0 5	
Village or City Bookstoro	NoSt.,Ward	1
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsds	
2. FULL NAME CALARIA M. TI) o	Cf. If U.S. Voteran specify WAR	
(a) Residence: No. Borres Ima	St., Ward.	-
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)	-
HUSBAND OF Charles M. Wolf	22. HEREBY CERTIFY, That I attended decessed from	-7
6. DATE OF BIRTH (month, day, and year) Selection 1856	I last saw h alive on 1937; death is said	V
7. AGE Years Months Dats If LESS than	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 10 /3 ormin.	were as follows:	ī
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	21/10 A Promuser 12/23	13
✓ 1 9. Ledustry or business in which		-
work was done, es SILK MILL, BAWN SAW MILL, BANK, etc. 11. Total time (years)		
10. Oate deceased last worked at this occupation (month and year) spent in this occupation occupation		
	Dther Contributory Causes of Importance:	
(State or country) UTLAL CA.		-
# 13. NAME Dasab marts.		•
14. BIRTHPLACE (city or town) 13. ODJALOVA	Name of operation	-
(State of country)	What test confirmed diegnosis? Was there an eutopsy?	_
15. MAIDEN NAME Elizabeth Lamber 16. BIRTHPLACE (city or town) Repeated	23. If death was due to external causes (VIOLENCE) fill In also the following:	
[16. BIRTHPLACE (city or town) Chersaille	Accident, suicide, or homicide?, 19, 19, 19, 19	
Call Carlo	Where did injury occur?(Specify city or town, county and State)	-
17. INFORMANT AND CALLE MOSEN	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	-
Place Doublos Md. Dete Nec , 31, 1937	Nature of Injury	-
19 UNDERTAKER WY 2 Bast & Son	24. Was disease or injury In eny wey related to occupation of deceased? 20	-
(Address) Boonsono Md.	If so, specify	
20. FILED Dec, 31, 19 2) William J- Bast Registrar.	(Signed) (Address) Dague (con. m.)	D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	19-211
Gallstones	May 1,1923	Gastroenteritis	1 year